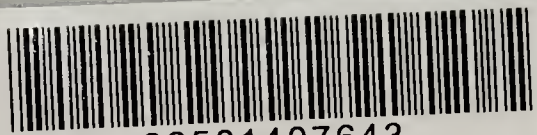


REPORT

OF THE

**DIRECTOR-GENERAL
OF PUBLIC HEALTH**

Covering the Period 1st January, 1953
to 31st December, 1957



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1961



PARLIAMENT OF NEW SOUTH WALES

REPORT

OF THE

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Covering the period 1st January, 1953,
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DEPARTMENT OF PUBLIC HEALTH, NEW SOUTH WALES

Office of the Director-General of Public Health, 52 Bridge Street, Sydney

MEMBERS OF THE STATE BOARD OF HEALTH, 1953-1957

At the end of 1957:— Dr. H. G. WALLACE (President); Dr. C. J. CUMMINS; Professor E. FORD; Dr. C. J. M. WALTERS; F. C. MOAT, Esq.; A. E. DUNN, Esq.; J. SMITH, Esq.; Mrs. G. M. MELVILLE; Mrs. E. G. CLANCY.

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Metropolitan Medical Officer of Health
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Dr. HUGH CROFT JOHNSTON—to July, 1954
NORMAN JAMES CALDWELL, L.M.S.S.A., L.R.C.P., M.R.C.S., D.P.H., R.C.P. & S.—from June, 1954.

Secretary
GORDON ALFRED LOUGHREY, Esq.


DIVISIONS AND BRANCHES

The following Divisions are controlled by the Director-General of Public Health: Maternal and Baby Welfare; Tuberculosis; School Medical Service; Dental Services; Epidemiology; Industrial Hygiene; Government Medical Officer for Sydney; Medical Officers of Health, Metropolitan, Newcastle, South Coast, Mitchell, Richmond-Tweed and Broken Hill Districts; Microbiological Laboratory; Chemical Laboratory; Health Education; Pure Food; Health Inspection; etc.

The Hospital Division comprises the David Berry Hospital; three State Hospitals and Homes; Strickland Convalescent Hospital, Vaucluse; Randwick Chest Hospital; Garrawarra Hospital, Waterfall.

LEGISLATIVE ENACTMENTS

The Minister for Health is charged with the administration of the following Acts, for the promotion of the Public Health, execution of which is left to the Director-General of Public Health and the staff working under his control: Food Preservation by Sulphur Dioxide Enabling Act, 1920; Noxious Trades Act, 1902-1944; Private Hospitals Act, 1908-1954; Public Health Act, 1902-1952; Pure Food Act, 1908-1958; King George V and Queen Mary Maternal and Infant Welfare Foundation Act, 1937; Venereal Diseases Act, 1918; Burials in closed cemeteries and the exhumation of bodies for the purpose of re-interment. etc., are also dealt with.



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Report of the Director-General of Public Health TO

The Honourable The Minister for Health

(The Hon. W. F. SHEAHAN, Q.C., LL.B., M.L.A.)

Sir,

I have the honour to present the Annual Report for the years ended 31st December, 1953-1957 (inclusive), in respect of the work of this Office on behalf of my predecessor, Dr. H. G. Wallace, to whose term it relates.

VITAL STATISTICS

A summarised Report on the Vital Statistics for the years 1953-1957 inclusive, is given in the text of the Report.

Population—The population of New South Wales at 31st December, 1957, was 3,660,497, of whom 1,837,358 were males and 1,481,760 females.

Births—During the five years 1953-1957, there were 377,592 live births with a downward trend in the birth rate. The average annual birth rate was 21.59 per 1,000 mean population, compared with 22.18 in the preceding five years. In the period under review, the proportion of children stillborn declined, and the figure of 15.88 per 1,000 total births was the lowest figure recorded since registration was made compulsory in 1935.

Deaths—Over the period, the average annual death rate was 9.38 per 1,000 of population compared with 9.63 in the previous five years.

Infantile Mortality—This continued to become less and reached a new low level in 1957, with a rate of 22.70 per 1,000 live births.

COMMUNICABLE DISEASES

Two diseases, viz., ascariasis and infectious hepatitis were added, on 22nd January, 1954, to the list of notifiable diseases under the Public Health Act, 1902-1952.

Tuberculosis (all forms)—There were 9,275 cases of tuberculosis and 1,518 deaths during the five year period 1953-1957.

Typhoid and Paratyphoid Fevers—An outbreak of typhoid fever occurred in 1953, with 92 cases and 6 deaths. During the five year period there were 160 cases and 9 deaths from typhoid.

Acute Anterior Poliomyelitis—There were 1,705 cases and 115 deaths. There was a significant lowering of both morbidity and mortality rates in 1957. The Poliomyelitis Vaccination Campaign, in New South Wales, was commenced in 1956.

Diphtheria and Membranous Croup—The number of cases notified was 1,131 with 76 deaths. Since 1954, there has been an appreciable downward trend in both morbidity and mortality rates from diphtheria due to health education on the value of diphtheria immunisation.

Infectious Hepatitis—Since 1954, and up to 1957 (four years), there were 10,935 cases and 75 deaths from infectious hepatitis.

DIVISION OF EPIDEMIOLOGY

In 1954, the Division of Social Hygiene became the Division of Epidemiology. The Division in the same year also became responsible for general epidemiological activities including the recording compilation and follow-up of notifications received under the Public Health Act. In 1955 a monthly Epidemiological bulletin was commenced.

During 1953-1957, there were 1,328 cases of syphilis and 7,456 cases of gonorrhoea. In 1956 and 1957 there was a noticeable increase in gonorrhoea.

In 1956 some cases were seen, for the first time, of gonorrhoea clinically resistant to customary doses of penicillin.

POLIOMYELITIS VACCINATION CAMPAIGN

The New South Wales Government agreed, in November, 1955, to co-operate with the Commonwealth Government in the vaccination of children against poliomyelitis by the use of the Salk vaccine, which was produced at the Commonwealth Serum Laboratories, Melbourne. The Department subsequently determined that the earliest age at which a child could be given the vaccine was three months.

In July, 1956, the Campaign commenced and, by the end of 1957, a total of 2,208,204 injections had been given (902,328 first injections, 879,627 second injections and 426,249 third injections). The Campaign was a considerable success and since its commencement there have been only three cases of poliomyelitis in vaccinated children. One child received one injection and the other two children two injections of the vaccine.

CHEMICAL LABORATORY

During 1953-1957, a total of 124,804 samples were examined in the Chemical Laboratory comprising 83,491 samples examined for the purpose of the administration of the Pure Food Act ; 23,733 samples examined for the Police Services of the State; and 17,580 miscellaneous samples. Of the samples examined under the Pure Food Act, 12.8 per cent were found to be adulterated. Numerically, milk formed the principle subject of investigation (60,755 samples) and 4.8 per cent of these samples were found to be adulterated.

Other work included 2,001 exhibits for examination in connection with criminal investigations, and Coroners required the examination of exhibits in connection with 7,643 deaths, which formed the subject of police investigation.

FOOD INSPECTION

In 1957, an amendment to the Pure Food Act was made, providing for certain administrative changes to centralise the work of Local Authorities with the Board of Health, and to give magistrates discretionary power to mark licences to publicans convicted of selling adulterated liquors.

During 1953-1957, milk samples taken for analysis numbered 26,632, while the number of other samples analysed under the Act totalled 35,758. The number of milk and other foodstuffs samples below standard was 1,144 and 4,431 respectively.

In addition, seizures of food unfit for human consumption included 443 tons of foodstuffs; 116,189 tins, bottles and packages; and 90,089 head of poultry.

The number of premises inspected, during the period under review, was 36,580.

HEALTH INSPECTION BRANCH

During 1953-1957, the Branch dealt with 192,744 applications for searches in connection with Unhealthy Building Land, notified under the Public Health Act, 1902-1952, otherwise the staff were primarily occupied in the investigation of applications to install septic tanks or closets which numbered 16,900 (septic closets were adopted by the Board of Health in 1956).

Other work included Noxious Trades inspections 3,494; Building Inspections 854; and 595 visits to Local Authorities.

PRIVATE HOSPITALS AND REST HOMES

In 1954, an amended Private Hospitals Act was proclaimed having the effect of bringing within its influence Rest/Convalescent Homes. The Act also made provision for a re-classification of Private Hospitals, providing for a greater number of classes of hospital.

During the period under review, there was an increase of 16 hospitals and 570 beds in the Sydney area, and a decrease of eight hospitals and 17 beds in the Country area.

Rest Homes increased by seven with an increased bed capacity of 488 in the Sydney area, while in the Country areas there was a decrease of three Homes and 28 beds.

At the end of 1957, there were 111 and 69 Private Hospitals in the Sydney and Country areas respectively, while bed capacity amounted to 2,598 and 580 in the same categories. Rest Homes numbered 200 and 12 in the Sydney and Country areas with bed capacity totalling 3,508 and 165 in these areas.

MEDICO-LEGAL SECTION AND HOSPITAL ADMISSION DEPOT

The activities of the Sydney Section during 1953-1957 included admissions to Metropolitan Hospitals 10,218 ; admissions to State Hospital and Homes 19,053 ; admissions to Convalescent Homes 3,901 ; while ambulance removals numbered 41,992.

Otherwise the Sydney medical staff were occupied in the examination of 13,795 candidates for Government Departments ; 7,138 examinations of Police Recruits ; 9,391 examinations of exhibits for the City Coroner ; 5,754 examinations for the Reception House, Darlinghurst ; vaccinating 18,937 persons against smallpox ; and conducting 2,115 throat swabbings.

The Government Medical Officer, Newcastle, during the same period, conducted 1,713 examinations of candidates for the Public Service, State Government Departments and returned soldier applicants for travelling concessions ; attended 1,860 times at the Reception House, Newcastle, in connection with the examination and certification of insane patients ; and carried out 1,455 autopsies at the request of the District Coroner.

HEALTH EDUCATION AND PROPAGANDA

The special votes for Health Propaganda during 1953-1957 amounted to £77,000.

During this period the number of booklets, pamphlets and posters distributed was 470,265 ; 1,015,589 ; and 99,353 respectively.

Press, radio and television were all used extensively to publicise Tuberculosis Surveys and Diphtheria Immunisation, while the mobile film unit provided 289 screenings to audiences of over 54,000 persons.

NUTRITION SECTION

During the period under review, articles and radio scripts were prepared each week for metropolitan and country areas. A weekly marketing bulletin on fruit and vegetable prices was also prepared. Ten publications were issued on nutrition and diets for medical complaints including peptic ulcer, diabetes, infectious hepatitis and a diet for the overweight. These proved most valuable.

Lectures and talks were given to various Associations, and a practical course in cookery was held at the Lidcombe State Hospital.

Detailed individual diets were supplied to enquirers who had been prescribed special diets by their own physicians.

DIVISION OF MATERNAL AND BABY WELFARE

The work of the Division is primarily that associated with Maternal and Baby Welfare, but the Division during the period under review, and stated briefly also carried out the following :—Food relief arrangements, by the preparation of Food Schedules for the Department of Labour and Industry and Social Welfare ; liaison with the Child Welfare Department regarding child welfare problems, particularly infant feeding ; the reporting of cases of rickets seen and unsatisfactory family situations ; instruction to fifth year medical students on the feeding and management of healthy babies ; and visits to premature babies in their homes.

The number of first attendances at prenatal clinics during 1953-1955 was 2,133 primiparae ; 6,736 multiparae ; with 68,745 reattendances.

Figures for 1956-1957 were not available for primiparae and multiparae but total attendances at these clinics, including the figure for reattendances above, was 120,212 of which 2,439 were post-natal attendances.

The Special Medical Committee Investigating Maternal Mortality met frequently and in 1954 the Committee's investigations extended to include the whole of the State.

The Free Consultant Service and the Metropolitan Blood Transfusion Service continued to be of much value to pregnant women in the State.

The booklet "Healthy Motherhood" was reviewed in 1957 and a Section on physiotherapy in pregnancy and the puerperium was inserted. Some 50,000 copies of the booklet were printed annually.

A classification of deaths due to puerperal causes is given in the text of the Division's summarised Report.

Attendances at Baby Health Centres were over one million yearly during 1953-1957, and altogether totalled 5,248,595 during the period.

At the end of 1957, there were 105 Baby Health Centres in the Metropolitan area and 238 in the country.

Paediatric Sessions were held fortnightly at nine Baby Health Centres and attendances numbered 7,235.

At the Pre-school Centres attendances totalled 13,344.

TUBERCULOSIS

During 1953-1957, there were 9,304 notified cases of tuberculosis and 1,649 deaths with an average case and death rate of 5.29 and 0.94, per 10,000 of mean population respectively. During 1954-1957 advanced pulmonary lesions were more numerous than minimal lesions, and accounted for more than 50 per cent of all notified cases.

During the period, 1,318,875 micro-films were taken and probable abnormalities totalled 38,876, with an average rate of 2.95 per cent.

The number of mantoux tests carried out was 504,773 and 94,542 persons were B.C.G. vaccinated.

The number of patients visited in their homes totalled 1,653 and 139,876 visits were made to these cases.

Statistics for Tuberculosis Hospitals and Sanatoria are given in the summarised text of the report for the Division.

INDUSTRIAL HYGIENE

The Division's Report for 1953-1957, does not cover in detail the laboratory and field investigations carried out, but a summary has been made of the more important enquiries undertaken.

The Division undertook the investigation of diseases arising from work, especially in factories and mines.

Lectures and demonstrations were given by members of the staff to medical men carrying out post-graduate studies, to factory inspectors, to University graduates in engineering and to colliery officials studying for higher certificates.

Close liaison with the Mines Department and Joint Coal Board, the Department of Labour and Industry and Social Welfare continued to develop.

Particular attention was paid to lead benzol, asbestos and sand blasting hazards, while scaffolding and lifts, and the safety requirements of men working in confined spaces, had the Division's attention.

During the period under review the number of patients examined for abnormalities due to suspected industrial hazards was 5,999, while 1,129 examinations for silicosis were carried out and 1,254 x-rays taken. A total of 24,772 blood slides were examined for lead poisoning, and 7,281 other pathological investigations, for various causes, were made. The number of cases of lead poisoning diagnosed was 107.

Investigations into arsenic, mercury, antimony and vanadium poisoning were also made.

Two interesting accounts of two children who handled a radioactive Cobalt 60 capsule, and a man who was suspected of ingesting Strontium 90, will be found in the text.

Atmospheric pollution in Sydney and Newcastle are fully reported on in the Industrial Hygiene Section.

Finally, mention has been made of new legislation, particularly the Radioactive Substances Act, which came into operation in March, 1957.

SCHOOL MEDICAL SERVICE

The year 1957, was memorable in that it was the Jubilee Year for medical inspection of school children. A brief account of the Service, from its inception, has been given in the text of the Division's Report.

During the period under review the school population in New South Wales increased by 73,843 primary school children and 38,334 secondary school children, making a total increase of 112,177 children.

The number of primary and secondary school children fully examined and reviewed, during the five year period, was 489,040 and 282,964 respectively. These figures were 9.75 per cent of the school population for full examinations and 8.50 per cent of the school population for reviews. The rapidly increasing school population and shortage of staff has curtailed this essential part of the school service.

A table showing the more important defects, of a notifiable standard, will be found in the text of the Division's Report. Defects of vision, hearing, diseases of the nose and throat and asthma were prevalent causes of ill health in New South Wales children.

The Child Guidance Clinics functioned satisfactorily, and 9,475 children were interviewed during 1953-1957.

Total attendances at the Speech Therapy Clinic numbered 35,603, while 6,565 new cases attended and 3,690 reviews were carried out at the Hearing Clinic.

From 1955-1957, children attending the Asthma Clinic for the first time numbered 403.

It is interesting to note, in the table of Common Infectious Diseases, the upsurges of such diseases as measles, mumps and influenza, the continual prevalence of german measles, whooping-cough and chicken pox, and the steady decline of diphtheria and poliomyelitis cases over the period under review.

DENTAL SERVICES

Improvement in this Service took place during 1953-1957, due to expansion of staff and better dental facilities. In particular this improvement took place in State General and Mental Hospitals.

The Service provided attention to the teeth of 90,763 school children ; 13,046 mental hospital patients ; 3,189 State Hospital, Homes and Tuberculosis Sanatoria patients ; and 7,503 prisoners in gaols. In addition, 3,313 children, referred by the Child Welfare Department, were given dental treatment.

CONSULTATIVE COUNCIL FOR THE PHYSICALLY HANDICAPPED

The Consultative Council for the Physically Handicapped met forty-three times, while the Executive Council met forty-four times during 1953-1957.

In 1956, a Rehabilitation Co-ordinating Committee (later Council) was formed to co-ordinate the rehabilitation activities being conducted by different organisations through hospitals, Government Departments and Voluntary bodies.

Notifications of poliomyelitis numbered 1,705, and there were 115 deaths.

The number of patients assisted with after-care and vocational training was 305. Expenditure on after-care was £15,911 and vocational training £382.

HEALTH DISTRICTS

Metropolitan Health District

In 1954, the size of the statistical metropolis was increased considerably on 1st January, 1954, to include the whole of the Health District plus areas outside the Health District, consequently the figures for population and area density of the metropolis are not comparable with those of years prior to 1954.

During 1953-1957, there was an increase in the district in the mean population of 87,640. Live births numbered 168,107 and still-births totalled 2,671. Deaths amounted to 93,043. Infantile mortality deaths totalled 3,665.

Average rates for the above figures were: total births 18.93 per 1,000 of mean population ; deaths 10.31 per 1,000 of mean population ; and infantile mortality 21.80 per 1,000 live births.

Diseases of the heart (35,242) ; malignant neoplasms (14,396) ; and vascular lesions of the central nervous system (14,090), were the chief causes of death and together accounted for 63,728 fatalities during the period under review.

The significant decrease in both morbidity and mortality, from poliomyelitis and diphtheria pays tribute to the effectiveness of the Poliomyelitis Vaccination Campaign, and the campaign to publicise the efficacy of diphtheria immunisation. Since infectious hepatitis first became notifiable in 1954, there were 5,046 cases and 55 deaths. A minor epidemic of typhoid occurred in 1953, with 49 cases and 4 deaths.

Environmental sanitation continued to occupy a great part of the time of the staff. Attention has been drawn in the Report to population expansion and the disturbing and difficult problems of essential sanitary services not keeping pace with population expansion.

Hunter River Health District

During 1953-1957 the population increased by 20,510 ; live births numbered 31,823 ; still-births totalled 564 ; and infant mortality amounted to 872, with an average rate of 27.40 per 1,000 live births.

There was a significant decrease in both morbidity and mortality from poliomyelitis and diphtheria. A minor epidemic of typhoid occurred in 1953, with 32 cases and 1 death. There were 462 cases of infectious hepatitis and 5 deaths.

Disastrous floods, at the beginning of 1955, inundated the Hunter Valley. Towns were cut off, services disorganised and food supplies were unobtainable. More than 100 dwellings were swept away. Effective emergency operations were set up by the Medical Officer of Health.

South Coast Health District

The population increase during 1953-1957, was 46,220 ; live births amounted to 30,787 ; still-births totalled 502 ; deaths amounted to 9,020 ; and infantile mortality figures totalled 701 with an average rate of 22.8 per 1,000 live births.

There was a significant decrease in both morbidity and mortality from poliomyelitis and diphtheria. From 1954-1957, there were 1,112 cases of infectious hepatitis and 6 deaths.

The tuberculosis clinic, at Wollongong District Hospital, functioned satisfactorily. The total number of attendances was 13,630, while the nursing sisters made 3,886 domiciliary visits during the period under review.

Environmental hygiene continued to occupy the staff of the Health Office and 3,923 applications for septic tanks and septic closets were scrutinised.

An average of 129 noxious trades were licenced yearly in the South Coast Health District during 1953-1957.

Mitchell Health District

The population increase during 1953-1957, was 10,580 ; live births numbered 15,661 ; still-births totalled 281 ; deaths amounted to 6,693 ; and infantile mortality figures totalled 449, with an average rate of 28.7 per 1,000 live births.

A great reduction in poliomyelitis notifications occurred during the period under review. Infectious hepatitis cases numbered 708, with 2 deaths. In 1957, a small outbreak of infectious hepatitis occurred at the Teachers' College, Bathurst, due to drinking polluted water from the Macquarie River.

In the field of environmental hygiene 4,519 inspections were carried out, while licences were issued, after inspection of noxious trades, to a yearly average of 96 premises.

A hydatid survey was conducted in 1954, when the infestation rate in property dogs was found to be as high as 18 per cent.

Richmond-Tweed Health District

The population increase during 1953-1957, was 4,210 ; live births totalled 15,124 ; still-births numbered 254 ; deaths totalled 4,704 ; and the infantile mortality figure was 309 with an average rate of 20.3 per 1,000 live births.

Diphtheria and poliomyelitis notifications decreased most noticeably. There were 153 cases of infectious hepatitis with no deaths. The large number of notifications of ancylostomiasis and ascariasis were due to a survey being conducted on both diseases, in 1953-1954.

The ancylostomiasis and hookworm survey, mentioned above, was conducted in the Richmond-Tweed District among white and aboriginal children. Only one white child was found to have hookworm while two children had ascaris. Of 175 aboriginal children examined 46.5 per cent were infested with ascaris and 25.9 per cent infested with hookworm.

In 1954, the District suffered one of the worst floods in its history ; 2,000 homes were affected. The situation was restored promptly and with no increase in morbidity from communicable disease.

Broken Hill District

Population increase during 1953-1957, amounted to 2,240 ; live births totalled 4,400 ; still-births amounted to 75 ; deaths numbered 1,330 ; and infantile mortality totalled 113, with an average rate of 25.8 per 1,000 live births.

There was a mild outbreak of diphtheria in 1953, with 36 cases and no deaths. A mass inoculation campaign was carried out in June and July of the same year, with salutary effects terminating the outbreak. There were 74 cases of infectious hepatitis and no deaths.

In 1953, a Mass Chest X-ray Survey was carried out by the Commonwealth Health Department and an epidemiological survey was undertaken by the Tuberculosis Division in the same year.

STATE HOSPITALS AND HOMES AND SANATORIA

There was a total daily average of 2,810 persons accommodated in the establishments at Randwick, Vacluse (Strickland Convalescent Hospital), Waterfall, Lidcombe, Liverpool, Newington and Berry (David Berry Hospital) maintained by the Department. The average annual cost per patient on nett maintenance cost to the State, during 1953-1957, was £392.

PATHOLOGICAL LABORATORY

During 1953-1957, a total of 736,334 examinations were carried out. In addition 2,233 rats and other rodents were examined for plague and destroyed.

In 1953, the Rh-determination was commenced, as were antibiotic sensitivity tests. With the establishment of the Milk Board, with its own Research Laboratory, a substantial fall in the number of cultural examinations of milk took place.

In 1956, the practice of routine culture (or where thought desirable, animal inoculation) of sputum for tuberculosis was instituted.

During the period under review 5,674 swabbings for diphtheria were examined while 348 toxicity tests were carried out. The number of widal tests made was 3,284 ; urine and faeces examined totalled 10,855 ; while cultures numbered 4,641. Smears examined for tuberculosis numbered 7,319 and 1,729 cultures and G.P.I. were made. Smears, urines and complement deviation tests for gonorrhoea amounted to 21,947, while laboratory examinations for syphilis totalled 209,816. Antibiotic sensitivity tests numbered 15,904. Tests on human tissue amounted to 219,436 and 14,867 medico-legal examinations were performed.

C. J. CUMMINS,
Director-General of Public Health.
(Appointed 8th November, 1959.)

VITAL STATISTICS OF NEW SOUTH WALES

Summary Report for Years 1953 to 1957 Inclusive

POPULATION

The population of New South Wales at 31st December, 1957, was 3,660,497, of whom 1,837,358 were males and 1,823,139 were females. During the five years 1953 to 1957, the total increase in population was 292,511, of which 213,507 was due to natural increase (excess of births over deaths), and 79,004 was due to migration.

Population figures are summarised over the five year period as follows :—

TABLE 1—POPULATION NEW SOUTH WALES, 1953-1957

Year	Population—31st December			Mean Population for Year	Natural Increase	Migration
	Males	Females	Total			
1953	1,713,639	1,695,370	3,409,009	3,386,556	43,183	4,578
1954	1,738,385	1,723,928	3,462,313	3,428,488	40,681	15,977
1955	1,770,966	1,754,957	3,525,923	3,492,385	41,854	21,756
1956	1,802,142	1,786,202	3,588,344	3,555,854	41,650	20,771
1957	1,837,358	1,823,139	3,660,497	3,662,557	46,139	26,014

BIRTHS

Live Births—During the five years 1953 to 1957, there were 377,592 live births. In 1953, there was a downward change in the fertility of the New South Wales population, but in subsequent years the numbers rose again to average yearly fertility rates for the State.

Summarised live birth statistics for the State over the period are as follows :—

TABLE 2—LIVE BIRTHS—NEW SOUTH WALES, 1953-1957

Year	Live Births			Rate per 1,000 of Population			Proportion of Exnuptial to Total Live Births
	Nuptial	Exnuptial	Total	Nuptial	Exnuptial	Total	
1953	71,877	3,013	74,890	21.23	.88	22.11	per cent. 4.02
1954	70,236	2,889	73,125	20.50	.83	21.33	3.95
1955	71,383	3,024	74,407	20.54	.86	21.31	4.06
1956	72,409	3,305	75,714	20.36	.93	21.29	4.37
1957	76,018	3,438	79,456	20.99	.94	21.93	4.33

The average annual birth rate over the five years was 21.59 per 1,000 mean population compared with 22.18 in the preceding five years. The proportion of ex-nuptial to total live births in the two periods was 4.14 and 4.07 respectively.

Still-births—In 1957, the proportion of stillborn children per 1,000 total births declined. The proportion of children stillborn in the five years 1953-1957 was 16.32 per 1,000 total births compared with 18.66 per 1,000 total births in the preceding five years.

A summary for the five years is as follows :—

TABLE 3—STILL-BIRTHS—NEW SOUTH WALES, 1953-1957

Year	Number	Per 1,000 Total Births (Live and Still)
1953	1,257	16.51
1954	1,207	16.24
1955	1,243	16.43
1956	1,273	16.54
1957	1,282	15.88

DEATHS

The annual number of deaths throughout the period 1953-1957, and the death rates per 1,000 population were as follows :—

TABLE 4—DEATHS—NEW SOUTH WALES, 1953-1957

Year	Deaths (Excluding Stillbirths)			Rate per 1,000 Population		
	Males	Females	Total	Males	Females	Total
1953	17,871	13,836	31,707	10.48	8.22	9.36
1954	18,256	14,188	32,444	10.60	8.32	9.46
1955	18,670	13,883	32,553	10.53	8.11	9.32
1956	19,166	14,898	34,064	10.73	8.42	9.58
1957	18,734	14,583	33,317	10.30	8.09	9.20

Death rates per 1,000 of the population have remained fairly constant during the five year period.

Causes of Death—The causes of deaths in New South Wales throughout the five year period 1953-1957 are given on next page :—

Causes of Death—New South Wales—1953-1957, inclusive

Cause of Death	Code No.	1953			1954			1955			1956			1957		
		Male		Total	Male		Total	Male		Total	Male		Total	Male		Total
			Female			Female			Female			Female			Female	
Tuberculosis of Respiratory System	001-008	294	80	374	244	80	324	179	57	236	228	71	299	186	46	232
Tuberculosis other forms ..	010-019	20	16	36	14	9	23	7	9	16	15	11	26	10	6	16
Syphilis and its sequelae ..	020-029	62	19	81	48	15	63	35	4	39	36	9	45	38	9	47
Typhoid Fever ..	040	3	3	6	2	..	2	..	..	..	..	..	..	..	..	..
Cholera ..	043	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery all forms ..	045-048	8	..	8	9	8	17	8	1	9	..	1	1	3	1	4
Scarlet Fever and Streptococcal sore throat	050-051	1	3	4	3	..	3	1	..	1	..	1	1	2	..	2
Diphtheria ..	055	17	16	33	10	11	21	9	5	14	3	2	5	2	1	3
Whooping Cough ..	056	3	4	7	1	2	3	..	2	2	..	3	3	1	2	3
Meningococcal Infections ..	057	18	20	38	25	26	51	15	17	32	12	12	24	17	9	26
Plague ..	058	..	17	17	16	13	29	6	2	8	9	7	16	3	2	5
Acute Poliomyelitis ..	080	35	..	52	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox ..	084	..	6	6	16	12	28	3	1	4	11	9	20	3	2	5
Measles ..	085	4	..	10	..	..	..	..	..	..	..	..	..	..	..	..
Typhus and other Rickettsial Diseases ..	100-108	1	..	1	3	..	3	1	..	1	1	..	1	..	1	1
Malaria ..	110-117	1	70	142	..	52	107	72	45	117	54	64	118	75	57	132
All other diseases classified as Infective and Parasitic	030-138	72	..	..	57	..	..	..	..	..	..	..	..	..	..	..
Malignant Neoplasms including Neoplasms of Lymphatic and Haematopoietic Tissues	140-205	2,381	2,164	4,545	2,391	2,125	4,516	2,471	2,086	4,557	2,508	2,228	4,736	2,611	2,234	4,845
Benign and Unsuspected Neoplasms ..	210-239	72	85	157	66	90	156	47	56	103	47	55	102	50	56	106
Diabetes Mellitus ..	260	143	269	412	127	264	391	142	241	383	150	271	421	129	266	395
Anaemias ..	290-293	26	75	101	36	68	104	42	79	121	62	67	129	33	77	110
Vascular Lesions affect C.N.S. ..	330-334	1,892	2,457	4,349	1,983	2,471	4,454	2,052	2,418	4,470	2,066	2,640	4,706	2,128	2,652	4,780
Non-Meningococcal Meningitis ..	340	19	23	42	33	16	49	30	18	48	26	19	45	34	13	47
Rheumatic Fever ..	400-402	17	22	39	20	13	33	12	15	27	5	6	11	9	5	14
Chronic Rheumatic Heart Disease ..	410-416	116	151	267	129	174	303	117	152	267	126	159	285	116	127	243
Arteriosclerotic, Degen. Heart Disease ..	420-422	5,280	3,357	8,637	5,456	3,441	8,897	5,673	3,485	9,158	5,885	3,827	9,712	5,575	3,711	9,286
Other Diseases of Heart ..	430-434	627	364	991	703	468	1,171	681	490	1,171	774	553	1,327	642	488	1,130
Hypertension with Heart Disease ..	440-443	523	443	966	457	465	922	396	434	830	482	459	941	394	454	848
Hypertension without mention Heart Disease	444-447	255	251	506	219	242	461	224	204	424	229	232	461	205	208	413
Influenza ..	480-483	38	19	57	76	54	130	22	24	46	16	15	31	69	47	116
Pneumonia ..	490-493	588	510	1,098	642	513	1,155	748	499	1,247	763	544	1,307	776	591	1,367
Bronchitis ..	500-502	198	77	275	243	78	321	273	95	368	293	89	382	292	77	369
Ulcer of Stomach and Duodenum ..	540-541	216	46	262	209	68	277	188	67	255	195	84	279	223	85	308
Appendicitis ..	550-553	49	28	77	42	22	64	41	28	69	43	25	68	35	24	59
Intestinal Obstruction and Hernia	560, 561, 570	109	97	206	109	103	212	131	105	236	133	92	225	111	108	219
Gastritis, Duodenitis, Enteritis, Solitis, except Diarrhoea of Newborn	543, 571, 572	101	101	202	99	113	212	105	93	198	85	91	176	78	79	157
Cirrhosis of Liver ..	581	99	38	137	100	48	148	100	53	153	130	50	180	92	49	141

Causes of Death—New South Wales—1953-1957, inclusive—continued

Cause of Death	Code No.	1953			1954			1955			1956			1957		
		Male		Total	Male		Total	Male		Total	Male		Total	Male		Total
			Female			Female			Female			Female			Female	
Nephritis and Nephrosis	590-594	330	251	581	302	268	570	292	244	536	251	220	471	243	235	478
Hyperplasia of Prostate	610	178	..	178	183	..	183	162	..	162	134	..	134	153	..	153
Complications of Pregnancy, Childbirth and Puerperium	640-652, 670-689	..	48	48	..	49	49	..	55	55	..	58	58	..	64	64
Congenital Malformations	750-759	233	166	399	232	191	423	231	185	416	224	184	408	214	182	396
Birth Injuries, Post-natal Asphyxia and Atelectasis	760-762	244	172	416	239	189	428	231	169	400	231	157	388	252	161	413
Infections of Newborn	763-768	45	33	78	52	23	75	29	26	55	35	29	64	47	25	72
Other Diseases peculiar to Early Infancy, and Immaturity																
Unqualified	767-776	338	255	593	328	261	589	363	255	618	375	262	637	341	252	593
Senility without mention of Psychosis, Ill-defined and																
Unknown Causes	780-795	301	320	621	271	337	608	242	313	555	269	297	566	231	306	537
All Other Diseases	Residual	1,259	1,061	2,320	1,369	1,126	2,495	1,502	1,155	2,657	1,506	1,230	2,736	1,484	1,224	2,708
Motor Vehicle Accidents	E810	575	142	717	582	171	753	648	158	806	609	194	803	657	172	829
	E835															
	E800															
All Other Accidents	E802	767	413	1,180	775	385	1,160	798	397	1,195	764	419	1,183	785	323	1,108
	E840															
	E962															
	E963															
Suicide and Self-inflicted Injury	E970	280	122	402	304	112	416	299	119	418	337	132	469	336	135	471
	E979															
	E964															
	E965															
Homicide and Operations of War	E980	33	22	55	31	12	43	42	22	64	44	20	64	49	17	66
	E999															

Causes of Death—New South Wales—Rates per Million—1953-1957, inclusive

Cause of Death	Code No.	1953			1954			1955			1956			1957		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Tuberculosis of Respiratory System	001-008	173	48	110	142	47	95	102	33	68	128	40	84	102	26	64
Tuberculosis Other Forms ..	010-019	12	10	11	8	5	7	4	5	5	8	6	7	5	3	4
Syphilis and its sequelae ..	020-029	36	11	24	28	9	18	20	2	11	20	5	13	21	5	13
Typhoid Fever ..	040	2	2	2	1	..	1	..	..	..	..	..	..	..	..	..
Cholera ..	043	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery All Forms ..	045-048	..	..	2	5	5	5	5	1	3	..	1	..	2	1	1
Scarlet Fever and Streptococcal Sore Throat ..	050-051	1	2	1	2	..	1	1	..	..	..	1	..	1	..	1
Diphtheria ..	055	10	10	10	6	6	6	5	3	4	2	1	1	1	1	1
Whooping Cough ..	056	2	2	2	1	1	1	..	1	1	7	2	1	1	1	1
Meningococcal Infections ..	067	11	12	11	15	15	15	9	10	9	..	7	7	9	5	7
Plague ..	058	..	..	..	..	..	..	..	..	2	..	4	..	2	..	..
Acute Poliomyelitis ..	080	21	10	15	9	8	8	3	1	..	5	..	4	..	1	1
Smallpox ..	084	..	..	..	..	..	..	..	..	1	..	5	..	2	..	..
Measles ..	085	2	4	5	9	7	8	2	1	1	6	..	6	..	1	1
Typhus and Other Rickettsial Diseases ..	100-108	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria ..	110-117	1	..	..	2	..	1	1	..	..	1	..	..	..	1	..
All Other Diseases Classified as Infective and Parasitic ..	030-138	42	42	42	33	30	32	41	26	34	30	36	33	41	32	36
Malignant Neoplasms including Neoplasms of Lymphatic and Haematopoietic Tissues ..	140-205	1,397	1,286	1,342	1,388	1,246	1,317	1,409	1,200	1,305	1,404	1,259	1,334	1,435	1,239	1,337
Benign and Unsuspected Neoplasms ..	210-239	42	51	46	38	53	46	27	32	29	26	31	29	27	31	29
Diabetes Mellitus ..	260	84	160	122	74	155	114	81	139	110	84	153	118	71	147	109
Anaemias ..	290-293	15	45	30	21	40	30	24	45	35	35	38	36	18	43	30
Vascular Lesions affect C.N.S. ..	330-334	1,110	1,460	1,284	1,151	1,449	1,299	1,170	1,391	1,280	1,157	1,492	1,323	1,170	1,470	1,320
Non Meningococcal Meningitis ..	340	11	14	12	19	9	14	17	10	14	15	11	13	19	7	13
Rheumatic Fever ..	400-402	10	13	12	12	8	10	7	9	8	3	3	3	5	3	4
Chronic Rheumatic Heart Disease ..	410-416	68	90	79	75	102	88	67	87	77	71	90	80	64	70	67
Arteriosclerotic, Degen. Heart Disease ..	420-422	3,098	1,995	2,550	3,164	2,018	2,595	3,234	2,005	2,622	3,295	2,163	2,731	3,065	2,058	2,563
Other Diseases of Heart ..	430-434	368	216	293	408	274	342	388	282	335	433	313	373	353	271	312
Hypertension with Heart Disease ..	440-443	307	263	285	265	273	269	226	250	238	270	259	265	217	252	234
Hypertension without mention Heart Disease ..	444-447	150	149	149	127	142	134	128	117	123	128	131	130	113	115	114
Influenza ..	480-483	22	11	17	44	32	38	13	14	13	9	8	9	38	26	32
Pneumonia ..	490-493	345	303	324	373	301	337	426	287	357	427	307	368	427	328	377
Bronchitis ..	500-502	116	46	81	141	46	94	156	55	105	164	50	107	161	43	102
Ulcer of Stomach and Duodenum ..	540-541	127	27	77	121	40	81	107	39	73	109	47	78	123	47	85
Appendicitis ..	550-553	29	17	23	24	13	19	23	16	20	24	14	19	19	13	16
Intestinal Obstruction and Hernia ..	560, 561, 570	64	58	61	63	60	62	75	60	68	74	52	63	61	60	60
Gastritis, Duodenitis, Enteritis, Colitis except Diarrhoea of Newborn ..	543, 571, 572, 581	59	60	60	57	66	62	60	54	57	48	51	49	43	44	43
Cirrhosis of Liver ..	..	58	23	40	58	28	43	57	30	44	73	28	51	51	27	39

Causes of Death—New South Wales—Rates per Million—1953-1957, inclusive—continued

Cause of Death	Code No.	1953			1954			1955			1956			1957		
		1953		Total	1954		Total	1955		Total	1956		Total	1957		Total
		Male	Female		Male	Female		Male	Female		Male	Female		Male	Female	
Nephritis and Nephrosis	590-594	194	149	172	175	157	166	166	140	153	141	124	132	134	130	132
Hyperplasia of Prostate	610	104	..	53	106	..	53	92	..	46	75	..	38	84	..	42
Complications of Pregnancy, Childbirth and Puerperium 640-652, 670-689		..	29	14	..	29	14	..	32	16	..	33	16	..	35	18
Congenital Malformations	750-759	137	99	118	135	112	123	132	106	119	125	104	115	118	101	109
Birth Injuries, Post-natal Asphyxia and Atelectasis	760-762	143	102	123	139	111	125	132	97	115	129	89	109	139	89	114
Infections of Newborn	763-768	26	20	23	30	13	22	17	15	16	20	16	18	26	14	20
Other Diseases Peculiar to Early Infancy, and Immaturity Unqualified	767-776	198	152	175	190	153	172	207	147	177	210	148	179	187	140	164
Senility without mention of Psychosis, Ill-defined and Unknown Causes	780-795	177	190	183	157	198	177	138	180	159	151	168	159	127	170	148
All Other Diseases	Residual	739	631	685	795	660	728	856	664	761	843	695	769	816	679	748
Motor Vehicle Accidents	E810	337	84	212	338	100	220	369	91	231	341	110	226	361	95	229
	E835															
	E800															
All Other Accidents	E802	450	245	348	450	226	328	455	228	342	428	237	333	432	79	306
	E840															
	E962															
Suicide and Self-inflicted Injury	E963	164	73	119	176	66	121	170	68	120	189	75	132	185	75	130
	E970															
	E979															
	E964															
Homicide and Operation of War	E965	19	13	16	18	7	13	24	13	18	25	11	18	27	9	18
	E980															
	E999															

INFANTILE MORTALITY

Infantile mortality as measured by deaths of children under one year of age continued to show steady improvement throughout the five year period 1953-1957 and reached a new low level in 1957 with 22.70 per 1,000 live births. The average rate throughout the five year period was 24.19 per 1,000 live births as compared with 27.08 in the preceding five years.

Annual figures were as follows :—

TABLE 5—DEATHS UNDER 1 YEAR OF AGE—NEW SOUTH WALES, 1953-1957

Year			Number of Deaths under 1 year of age	Rate per 1,000 Live Births		
				Total under four weeks	Total four weeks and under one year	Total
1953	..	..	1,846	17.17	7.48	24.65
1954	..	..	1,850	17.70	7.60	25.30
1955	..	..	1,850	17.31	7.55	24.86
1956	..	..	1,777	16.97	6.50	23.47
1957	..	..	1,804	16.39	6.31	22.70

The causes of death of children under one year of age is shown in the following page :—

Causes of Death of Infants under 1 year of Age—New South Wales, 1953-1957, inclusive

International Code Number	Cause of Death	1953		1954		1955		1956		1957	
		Number	Rate *	Number	Rate *	Number	Rate *	Number	Rate *	Number	Rate *
001-019 020-029 057 080-081 082-083 030-056, 058-074, 084-138 340 490-493 500-502 571 750-759 760.0, 761.0 760.5, 761.5 762.0 762.5 763.0 763.5 764.0 764.5 765.0, 766.0, 767.0, 768.0, 769.0-769.4, 770.0-770.2, 771.0, 772.0, 773.0 765.5, 766.5, 767.5, 768.5, 769.5 - 769.9, 770.5 - 770.7, 771.5, 772.5, 773.5 774 776 E800-E999 Residual 011-E999	Tuberculosis Syphilis and its sequelae Meningococcal infections Poliomyelitis Infectious Encephalitis Other infective and parasitic diseases Meningitis, except meningococcal and tuberculous Pneumonia (age 4 weeks and over) Bronchitis Gastro-enteritis and colitis, except ulcerative, (age 4 weeks and over) Congenital malformations Injury at birth, without mention of immaturity Injury at birth, with immaturity Post-natal asphyxia and atelectasis, without mention of immaturity Post-natal asphyxia and atelectasis, with immaturity Pneumonia of new born, without mention of immaturity Pneumonia of new born, with immaturity Diarrhoea of new born, without mention of immaturity Diarrhoea of new born, with immaturity Other diseases of early infancy, without mention of immaturity Other diseases of early infancy, with immaturity Immaturity, with mention of any other subsidiary condition Immaturity, unqualified Accidents, poisonings and violence All other causes All Causes	5 .. 19 1 2 24 16 139 14 57 294 161 98 95 62 59 13 3 2 123 66 9 396 67 121 1,846	.07 .. .25 .01 .03 .32 .21 1.86 .19 .76 3.92 2.15 1.31 1.27 .83 .79 .17 .04 .03 1.64 .88 .12 5.29 .89 1.62 24.65	2 .. 20 .. 1 20 16 150 15 64 305 152 91 103 82 49 10 7 1 119 44 12 419 33 135 1,850	.03 .. .27 .. .01 .27 .22 2.05 .21 .88 4.17 2.08 1.24 1.41 1.12 .67 .14 .10 .01 1.63 .60 .16 5.73 .45 1.85 25.30	1 .. 11 12 25 144 27 53 299 167 94 75 64 43 6 2 .. 105 59 8 449 66 140 1,850	.01 .. .15.....16 .34 1.94 .36 .71 4.02 2.24 1.26 1.01 .86 .58 .08 .03 .. 1.41 .79 .11 6.03 .89 1.88 24.86	1 .. 7 1 2 20 19 142 14 35 282 150 96 101 41 47 11 2 .. 97 52 13 479 45 120 1,777	.01 .. .09 .01 .03 .26 .25 1.88 .19 .46 3.72 1.98 1.27 1.33 .54 .62 .15 .02 .. 1.29 .68 1.7 6.33 .59 1.60 23.47	.. .. 10 .. 2 21 21 144 22 28 300 154 131 89 39 43 12 5 1 108 67 8 420 56 123 1,804	.....13 .. .03 .26 .26 1.81 .28 .35 3.78 1.94 1.65 1.12 .49 .54 .15 .06 .01 1.36 .84 .10 5.29 .70 1.55 22.70

* Per 1,000 Live Births

SECTION I

A. Communicable Diseases, 1953-57, Inclusive

NOTIFIABLE INFECTIOUS DISEASES RECORDED IN NEW SOUTH WALES DURING THE YEARS 1953-1957, INCLUSIVE, UNDER PUBLIC HEALTH ACT, 1902-1952

The Public Health Act, 1902-1952, provides that the Governor may by proclamation in the Government Gazette, declare that any disease named therein is an infectious disease.

Disease	Notifiable From—	Cases and Deaths Notified									
		1953*		1954*		1955*		1956*		1957*	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Smallpox	20th December, 1881 ..	..	..	..	..	..	..	..	..	..	..
Leprosy	26th November, 1890 ..	1	1	..	..	..	..	..	..	..	..
Typhoid and Paratyphoid Fevers ..	1st January, 1898 ..	102	6	31	2	17	..	4	1	6	..
Scarlet Fever	1st January, 1898 ..	646	1	703	..	619	..	574	2	485	..
Diphtheria or Membranous Croup ..	1st January, 1898 ..	499	33	366	21	140	14	70	5	56	3
Plague	23rd January, 1900† ..	..	..	..	..	222	8	240	16	58	4
Acute Anterior Poliomyelitis	1st February, 1912‡ ..	630	55	555	32	128	32	112	26	98	26
Meningococcal Infection	11th October, 1915† ..	128	38	198	53	30	7	34	16	19	8
Virus Encephalitis	1st April, 1926† ..	20	13	33	9	..	..	..	..	..	..
Cholera	12th August, 1927 ..	..	..	..	..	..	..	..	..	..	..
Typhus Fever	12th August, 1927 ..	9	1	3	..	7	..	5	..	2	1
Yellow Fever	12th August, 1927 ..	..	..	17	3	43	15	41	14	43	7
Puerperal Infection	16th August, 1929† ..	18	11	..	..	..	..	..	..	..	..
Brucellosis	13th August, 1937† ..	8	..	9	..	5	..	12	1	16	..
Tuberculosis (All Forms)	14th May, 1945§ ..	1,896	410	2,159	269	1,909	266	1,702	325	1,609	248
Infantile Diarrhoea (Diarrhoea of more than 48 hours duration in an infant under 2 years of age)	11th July, 1952 ..	237	91	252	61	277	58	270	41	212	40
Rheumatic Fever	11th July, 1952 ..	158	39	208	18	202	26	156	11	107	14
Chorea (Rheumatic)	11th July, 1952 ..	22	..	20	..	25	1	15	..	4	..
Ancylostomiasis	11th July, 1952 ..	47	..	295	..	18	..	33	..	71	..
Dengue Fever	11th July, 1952 ..	..	..	..	..	..	..	..	..	..	..
Ornithosis	11th July, 1952 ..	3	..	3	1	1	..	3	..	..	..
Leptospirosis	11th July, 1952 ..	2	1	8	..	2	..	22	..	10	..
Ascariasis	22nd January, 1954 ..	..	..	213	..	68	1	54	7	44	1
Infectious Hepatitis.. .. .	22nd January, 1954 ..	..	..	1,610	1	2,489	27	4,435	20	2,401	27
Totals .. .. .	.. .. .	4,426	700	6,683	470	6,202	455	7,782	485	5,241	379
Population as at 31st December ..	.. .. .	3,409,009		3,462,313		3,525,923		3,588,344		3,660,497	

* Classified according to the Seventh (1958) Revision of the International List.
† Definition reproclaimed 11th July, 1952.
‡ Definition reproclaimed 14th August, 1931, and 11th July, 1952. Cases and deaths shown are those notified during the year.
§ Pulmonary Tuberculosis has been notifiable as follows :—
(a) From 1904, City of Sydney only ; (b) From 1915, Metropolitan and Hunter River Districts ; (c) From 1916, Blue Mountains Districts added ; (d) From March, 1929, notification was extended to cover the whole State. On 14th May, 1945, extra-pulmonary tuberculosis was made notifiable.
NOTE.—Diseases notifiable prior to 1902 were notifiable under the following Acts :—Infectious Diseases (Smallpox) Super-vision Act, 1881 ; Leprosy Act, 1890 ; Public Health Act, 1896.

TABLE 1—Showing the number of Cases of Infectious Diseases notified in the State of New South Wales during the years 1898 to 1957 inclusive, and the number of deaths therefrom

Year	Mean Population	Typhoid and Paratyphoid Fever		Scarlet Fever		Diphtheria		Acute Anterior Poliomyelitis		Meningococcal Infection		Virus Encephalitis		Pulmonary Tuberculosis		Puerperal Infection		Infectious Hepatitis	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1898	1,312,455	3,302	387	6,342	83	1,493	169	..	..	..	..	..	..	..	..	..	..	..	..
1899	1,333,605	2,783	347	1,389	25	741	60	..	..	..	..	..	..	..	..	..	..	..	..
1900	1,354,335	3,442	398	895	9	726	63	..	..	..	..	..	..	..	..	..	..	..	..
1901	1,366,900	2,702	291	1,288	16	922	131	..	..	..	..	..	..	..	..	..	..	..	..
1902	1,388,400	2,624	276	2,010	61	757	74	..	..	..	..	..	..	..	..	..	..	..	..
1903	1,407,400	4,855	475	5,358	87	1,214	134	..	..	..	..	..	..	..	..	..	..	..	..
1904	1,428,700	2,370	249	4,056	50	1,584	156	..	..	..	..	..	..	146	..	..	..	..	..
1905	1,454,800	2,226	239	1,773	21	1,118	102	..	..	..	..	..	..	128	..	..	..	..	..
1906	1,484,600	2,373	271	3,085	42	1,219	100	..	..	..	..	..	..	118	..	..	..	..	..
1907	1,517,900	1,972	189	2,570	26	1,376	133	..	..	..	..	..	..	161	..	..	..	..	..
1908	1,545,700	2,607	307	2,755	40	2,001	123	..	..	..	..	..	..	112	..	..	..	..	..
1909	1,577,200	2,615	287	7,178	30	2,419	166	..	..	..	..	..	..	196	..	..	..	..	..
1910	1,516,200	2,714	294	1,642	23	4,989	207	..	..	..	..	..	..	184	..	..	..	..	..
1911	1,665,265	1,864	184	2,618	11	4,784	226	..	..	..	..	..	..	222	..	..	..	..	..
1912	1,743,958	2,126	236	662	11	5,440	253	..	..	..	..	..	..	265	..	..	..	..	..
1913	1,820,066	2,187	236	1,120	23	6,380	310	47	10	..	..	..	..	228	..	..	..	..	..
1914	1,870,460	2,284	250	3,207	21	5,831	247	79	14	..	..	..	..	293	..	..	..	..	..
1915	1,891,191	1,941	219	8,335	97	5,838	264	63	11	50	33	..	..	361	86	..	..	..	..
1916	1,893,479	1,742	209	5,759	107	6,588	309	311	21	309	145	..	..	1,499	666	..	..	..	..
1917	1,905,194	1,091	103	2,255	27	5,805	247	16	12	197	98	..	..	1,319	584	..	..	..	..
1918	1,943,356	810	112	1,308	15	5,151	221	50	12	120	80	..	..	1,308	586	..	..	..	..
1919	2,000,573	857	106	959	10	2,826	114	8	3	28	23	..	..	1,102	678	..	..	..	..
1920	2,068,585	1,016	132	937	24	5,043	263	45	10	34	27	..	..	1,509	674	..	..	..	..
1921	2,108,485	949	129	1,060	8	6,854	306	184	22	20	28	..	..	1,240	791	..	..	..	..
1922	2,155,522	706	99	1,153	11	4,094	207	33	5	21	22	..	..	1,045	517	..	..	..	..
1923	2,201,531	873	104	2,623	13	3,480	176	104	8	27	22	..	..	1,218	657	..	..	..	..
1924	2,244,403	768	97	3,421	29	4,364	222	108	6	29	38	..	..	1,096	730	..	..	..	..
1925	2,295,516	533	80	3,043	27	3,004	118	57	14	37	27	..	..	1,195	617	..	..	..	..
1926	2,346,903	698	80	4,755	53	3,579	147	81	21	32	23	..	..	1,265	705	..	..	..	..
1927	2,403,881	460	68	8,369	113	4,059	179	25	4	25	10	3	27	1,158	632	..	..	..	..
1928	2,460,410	453	60	5,531	105	3,835	168	30	2	31	8	18	23	1,212	815	..	..	..	..
1929	2,503,026	438	45	5,219	78	4,274	215	241	29	28	10	26	30	1,215	1,151	44	79	..	..
1930	2,532,289	380	48	4,400	54	4,051	176	30	6	43	12	14	20	1,917	1,022	269	82	..	..
1931	2,555,871	340	35	4,477	36	4,432	168	103	10	30	9	20	16	1,588	1,014	319	83	..	..
1932	2,579,741	233	31	4,905	57	4,310	160	384	44	43	7	12	18	1,485	969	292	59	..	..
1933	2,601,782	188	28	4,259	55	3,912	169	13	4	24	5	11	15	1,441	951	222	100	..	..
1934	2,623,560	141	19	2,166	19	6,167	193	94	13	29	7	6	15	1,509	955	238	63	..	..
1935	2,645,575	173	20	2,250	18	4,913	194	181	20	29	5	7	16	1,571	939	266	72	..	..

TABLE 1—Showing the number of Cases of Infectious Diseases notified in the State of New South Wales during the years 1898 to 1957 inclusive, and the number of deaths therefrom—*continued*

Year	Mean Population	Typhoid and Paratyphoid Fever		Scarlet Fever		Diphtheria		Acute Anterior Poliomyelitis		Meningococcal Infection		Virus Encephalitis		Pulmonary Tuberculosis		Puerperal Infection		Infectious Hepatitis	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1936	2,667,839	132	19	3,939	26	7,064	220	23	6	11	4	7	5	1,372	955	326	82	..	..
1937	2,694,679	118	18	2,493	17	4,244	143	70	5	17	7	9	4	1,771	991	241	52	..	..
1938	2,721,196	91	20	2,599	12	3,935	156	658	19	22	7	11	10	1,797	946	259	47	..	..
1939	2,749,134	63	13	3,190	11	4,103	192	33	2	22	6	6	4	1,687	922	243	38	..	..
1940	2,777,898	67	9	3,026	15	1,834	74	11	1	41	13	7	4	1,907	892	245	50	..	..
1941	2,800,537	40	8	3,385	6	3,063	121	90	8	411	84	13	4	1,916	934	270	29	..	..
1942	2,831,080	31	6	1,576	9	1,454	79	34	1	879	125	12	3	1,912	958	244	36	..	..
1943	2,857,547	24	4	3,940	13	2,268	99	25	2	400	89	8	2	1,722	890	224	45	..	..
1944	2,886,204	24	5	5,618	11	1,402	69	15	2	172	59	3	2	1,743	825	205	26	..	..
1945	2,917,415	29	2	6,977	6	1,478	84	668	47	117	29	3	4	1,688	803	151	13	..	..
1946	2,945,220	25	3	3,090	4	1,279	57	656	52	89	29	3	1	1,671	818	185	10	..	..
1947	2,985,073	28	..	1,540	2	761	49	83	8	65	23	2	2	1,751	816	85	12	..	..
1948	3,047,354	17	2	1,358	4	600	51	87	5	82	29	..	1	1,711	815	72	22	..	..
1949	3,150,341	6	..	1,514	3	627	36	182	8	87	30	6	4	1,641	769	26	22	..	..
1950	3,241,810	16	4	1,052	1	390	24	789	55	98	21	2	..	1,787	671	14	9	..	..
1951	3,315,528	12	1	866	3	362	21	1,528	134	99	17	4	1	1,743	630	8	10	..	..
1952	3,368,572	15	1	923	..	266	14	414	42	161	56	12	16	1,803	495	8	19	..	..
1953	3,409,334	102	6	646	1	499	33	625	55	128	38	20	13	1,763	374	18	11	..	1
1954	3,462,313	31	2	703	..	366	21	552	32	198	53	33	9	2,038	324	17	3	1,610	..
1955	3,525,923	17	..	619	..	140	14	223	8	128	32	30	7	1,712	236	43	15	2,489	27
1956	3,588,344	4	1	574	2	70	5	240	16	112	26	34	16	1,534	299	41	14	4,435	20
1957	3,660,497	6	..	485	2	56	3	58	4	98	26	19	8	1,492	232	43	7	2,401	27

The following diseases were notifiable :—Typhoid and Paratyphoid Fevers, from 1st January, 1898 ; Scarlet Fever, from 1st January, 1898 ; Diphtheria or Membranous Croup, from 1st January, 1898 ; Acute Anterior Poliomyelitis, from 1st February, 1912† ; Meningococcal Infection, from 11th October, 1915* ; Virus Encephalitis, from 1st April, 1926* ; Puerperal Infection, from 16th August, 1929* ; Pulmonary Tuberculosis, from 14th May, 1945‡ ; Infectious Hepatitis, from 22nd January, 1954.

* Definition reproclaimed 11th July, 1952.

† Definition reproclaimed 14th August, 1931, and 11th July, 1952. Cases and deaths shown are those notified during the year.

‡ Pulmonary Tuberculosis has been notifiable as follows :—(a) From 1904, City of Sydney only ; (b) From 1915, Metropolitan and Hunter River Districts ; (c) From 1916, Blue Mountains Districts added ; (d) From March, 1929, notification was extended to cover the whole State. On 14th May, 1945, extra-pulmonary tuberculosis was made notifiable.

NOTE.—Diseases notifiable prior to 1902 were notifiable under the following Acts :—Infectious Diseases (Smallpox) Supervision Act, 1881 ; Leprosy Act, 1890 ; Public Health Act, 1896.

General—During 1954 and 1956 there was a considerable rise over the other years under review, in cases of infectious disease notified. In 1954 this was accounted for by the making notifiable for the first time, of ascariasis and infectious hepatitis. The increase in 1956 was due to increased notifications of infectious hepatitis ; some 2,000 more cases of this disease were notified over any other year under review.

Tuberculosis (all forms)—There were 9,275 cases of tuberculosis (all forms) and 1,518 deaths during the five year period. This compared with 8,685 cases and 3,380 deaths in the previous five years. The report of the Director of the Division is on page 84.

Typhoid and Paratyphoid—In 1953 there was an outbreak of typhoid fever with 92 cases and six deaths. The outbreak was not confined to New South Wales, for Victoria notified 38 cases and Queensland 21 cases also in the same year. The outbreak confined itself in the State to a fourteen week period from the week ending June 27th to the week ending September 26th. Approximately 50 per cent. of the cases occurred in the Metropolitan area ; 25 per cent. in the Hunter River Health District ; and 25 per cent in the remainder of the State.

An epidemiological investigation was carried out on the outbreak and the following facts emerged :—

- (a) It was felt that the source of infection was a “ carrier ” or “ carriers ” in the Metropolitan area ;
- (b) In the Hunter River District infected prawns and oysters were believed to have caused the outbreak ; and
- (c) Desiccated coconut from Papua was found to be contaminated with faecal coliform organisms and *Salmonella typhi* was isolated in one sample and found to be of phage-type E.1 ; the same type that had been isolated from Canberra and elsewhere.

Over the five year period 1953-1957, there were 160 cases and nine deaths of typhoid and paratyphoid compared with 66 cases and eight deaths in the previous five years. The report of the Director of the Division is on page 22.

Acute Anterior Poliomyelitis—There were 1,705 cases and 115 deaths due to acute anterior poliomyelitis during the period 1953-1957. This compared with 3,000 cases and 244 deaths in the previous five years. Of more significance though is the lowering of both morbidity and mortality rates in 1956 ; the year of inauguration of the Poliomyelitis Vaccination Campaign in New South Wales. The report on the Poliomyelitis Vaccination Campaign is on page 71.

Venereal Disease—There were 1,328 cases of syphilis and 7,456 cases of gonorrhoea notified during 1953-1957 compared with 3,696 cases of syphilis and 8,634 cases of gonorrhoea notified in the previous five years. The report of the Director of the Division is on page 69.

Diphtheria and Membranous Croup—During 1953-1957 there were 1,131 cases and 76 deaths due to diphtheria compared with 2,245 cases and 146 deaths in the previous five years. Since 1954 morbidity and mortality rates have been on an appreciable downward trend. This is due to the greater use made of prophylactic diphtheria vaccine. The report of the Director of the Division is on page 22.

Infectious Hepatitis—In 1954 infectious hepatitis was made notifiable. During the four year period 1954-1957 there were 10,935 cases and 75 deaths. The report of the Director of the Division is on page 22.

TABLE 1—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1953

Age Group	Tuberculosis (All Forms)				Typhoid and Paratyphoid Fevers				Brucellosis				Scarlet Fever				Diphtheria				Meningococcal Infection							
	Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths					
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.				
All Ages	933	453	1,386	208	56	264	17	32	49	1	3	4	4	4	156	222	378	126	160	286	10	9	19	36	74	9	16	
Under 1 year	4	3	7	3	2	5	1	1	1	2	1	3	1	..	1	14	10	24	3	8
1-4 years	8	10	18	1	..	1	7	3	10	..	..	..	..	..	52	61	113	35	37	72	2	..	2	10	28	2	5
5-14 years	10	11	21	..	..	..	..	..	..	..	..	..	..	..	92	144	236	81	103	184	6	8	14	10	16	1	2
15-24 years	65	67	132	5	1	6	3	11	14	1	1	2	3	6	5	11	11	1	11	12	..	..	..	..	2	..	..
25-34 years	130	122	252	5	6	11	3	4	7	..	..	..	..	3	9	12	5	1	3	8	..	..	..	..	1	..	..
35-44 years	180	113	293	20	20	40	1	5	6	..	..	..	..	2	2	4	1	1	4	5	..	..	..	..	1	..	..
45-54 years	190	58	248	40	11	51	1	4	5	1	1	1	1	1	..	1	1	1	1	1	..	..	..	..	1	..	..
55-64 years	208	36	244	65	6	71	..	4	4	..	..	..	..	..	..	..	..	..	1	..	..	1	1	1	1	..	..
65 years and over	137	33	170	69	10	79	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..
Not Stated	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Chorea (Rheumatic)—7 cases : 1 Male, 5-14 years (1). 6 Females, 5-14 years (6).																												
HUNTER RIVER HEALTH DISTRICT																												
All Ages	71	30	101	26	8	34	18	16	34	1	1	1	1	1	14	14	28	16	35	51	2	1	3	3	5	8	10	
Under 1 year	..	..	2	..	1	1	..	3	3	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1	1	3	2
1-4 years	..	..	..	..	..	..	..	1	1	..	..	..	..	..	3	4	7	3	8	11	..	1	1	2	1	3	4
5-14 years	1	..	1	..	..	..	3	2	5	..	..	..	..	..	10	8	18	4	19	27	1	..	1	..	1	1	1
15-24 years	2	5	7	..	..	..	4	3	7	..	..	..	..	..	..	2	2	2	4	8	..	..	..	..	..	..	..
25-34 years	19	11	30	1	1	2	4	3	7	..	..	..	..	..	1	1	1	1	1	2	..	..	..	..	..	..	..
35-44 years	9	5	14	3	3	6	3	3	6	..	..	..	..	..	..	..	..	4	4	2	..	..	..	..	..	..	..
45-54 years	14	1	15	1	1	2	4	1	5	1	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	14	2	16	11	1	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	12	4	16	10	2	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chorea (Rheumatic)—3 cases : 1 Male, 1-4 years (1). 2 Females, 5-14 years (2).																												
SOUTH COAST HEALTH DISTRICT																												
All Ages	51	34	85	12	6	18	..	1	1	..	..	..	..	..	13	20	33	11	8	19	..	1	1	3	4	7	3
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2	1	3	2
1-4 years	1	2	3	1	..	1	..	..	..	..	..	..	..	..	3	7	10	2	4	7	..	..	..	..	..	..	1
5-14 years	..	3	3	1	1	1	..	..	..	..	..	..	..	..	8	12	20	3	..	4	..	..	..	2	1	..	..
15-24 years	6	5	11	..	1	1	..	..	..	..	..	..	..	..	..	..	..	2	..	4	..	..	..	..	..	..	..
25-34 years	6	10	16	1	..	1	..	..	..	..	..	..	..	..	..	..	..	2	1	2	..	1	1	1	1	..	..
35-44 years	11	7	18	1	3	4	..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..
45-54 years	10	5	15	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..
55-64 years	8	..	8	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	9	2	11	6	..	6	..	1	1	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chorea (Rheumatic)—1 case : 1 Male, 5-14 years (1).																												

TABLE 1—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1953—continued

Age Group	Acute Anterior Poliomyelitis				Virus Encephalitis				Typhus Fever				Rheumatic Fever				Infantile Diarrhoea				Puerperal Fever			
	Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases	Deaths		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	F.		
METROPOLITAN HEALTH DISTRICT																								
All Ages ...	219	129	348	16	8	24	1	1	2	4	3	1	7	43	44	87	7	8	15	93	68	161	14	27
Under 1 year	5	3	8	1	1	2	1	1	..	1	63	46	109	13	17
1-4 years	76	41	117	2	2	4	3	2	5	28	22	50	6	10
5-14 years	97	53	150	6	3	9	..	..	2	1	1	..	2	28	30	58	3	2	5	1	..	1	..
15-24 years	22	14	36	3	1	4	..	..	..	1	1	..	1	1	4	5	1	1	1	..	..	..	..
25-34 years	13	17	30	2	1	3	..	..	..	1	1	..	1	..	6	6	4	4	4	..	..	..	..
35-44 years	4	1	5	2	..	2	..	..	..	..	..	..	..	2	2	4	..	1	2	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	1	1	..	2	5	5	5	2	1	2	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	1	1	..	3	3	3	1	..	1	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	..	..
Not Stated	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Ornithosis—3 cases : 3 Females, 25-34 years (2). 45-54 years (1).																								
HUNTER RIVER HEALTH DISTRICT																								
All Ages ...	20	9	29	1	..	1	..	1	1	2	..	2	2	..	..	..	3	4	7	..	..	..	14
Under 1 year	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1	..	..	..	11
1-4 years	4	3	7	..	..	1	..	..	1	1	..	..	..	..	..	..	2	1	3	..	..	..	3
5-14 years	11	2	13	1	..	1	..	..	..	1	..	..	..	..	..	..	1	1	1	..	..	..	..
15-24 years	3	3	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
25-34 years	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	2	1	..	2	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
SOUTH COAST HEALTH DISTRICT																								
All Ages ...	26	23	49	1	3	4	5	..	5	1	..	4	6	10	..	1	1	7	5	12	1	5
Under 1 year	2	7	9	..	1	1	1	..	1	1	1	..	1	1	6	2	8	4	5
1-4 years	7	5	12	2	..	2	1	3	6	1	3	4
5-14 years	11	3	14	1	1	2	2	..	2	..	..	..	..	3	1	2	..	..	..	..	..	..	..
15-24 years	3	6	9	..	1	1	2	..	2	..	..	..	..	1	1	1	..	..	..	..	..	..	..
25-34 years	1	1	2	..	1	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
35-44 years	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE 1—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1953—continued

Age Group	Tuberculosis (All Forms)				Typhoid and Paratyphoid Fevers				Brucellosis				Scarlet Fever				Diphtheria				Meningococcal Infection			
	Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths	
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
All Ages	22	15	37	7	4	11	3	..	3	..	..	..	2	1	3	14	6	20	1	4	5	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	..	..	..	..	..	..
1-4 years	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	6	1	7	1	..	1	..	..	..
5-14 years	..	1	1	..	..	..	1	..	1	..	..	..	1	..	1	3	4	7	..	1	1	..	..	..
15-24 years	3	3	8	..	..	..	1	..	1	..	..	..	..	1	1	3	..	..	..	1	1	..	..	..
25-34 years	5	3	8	..	1	1	..	..	..	..	..	..	..	..	..	2	..	2	..	1	1	..	..	..
35-44 years	5	1	6	1	1	2	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
45-54 years	4	3	7	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
65 years and over	3	3	6	5	2	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ancylostomiasis—47 cases : 28 Males, 1-4 years (2), 5-14 years (26).																								
19 Females, 1-4 years (3), 5-14 years (14), 15-24 years (2).																								
RICHMOND-TWEED HEALTH DISTRICT																								
All Ages	31	26	57	11	6	17	1	..	1	..	..	..	26	48	74	..	1	1	4	..	4	1	..	1
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
1-4 years	5	..	5	1	..	1	..	..	..	..	..	..	..	2	18	2	..	..	3	..	3	1	..	1
5-14 years	..	4	4	..	..	..	..	..	..	..	..	..	6	12	18	..	..	..	..	..	..	..	..	..
15-24 years	1	3	4	..	..	..	..	..	..	..	..	..	18	27	45	..	..	1	..	..	..	..	..	..
25-34 years	4	5	9	1	..	1	..	..	..	..	..	..	..	2	2	2	..	..	..	1	1	..	..	..
35-44 years	5	6	11	3	1	4	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
45-54 years	6	5	11	2	1	3	1	..	..	..	..	..	1	2	3	..	..	..	..	..	..	..	..	..
55-64 years	6	1	7	1	2	3	1	..	1	..	..	..	..	1	2	3	..	..	..	..	..	..	..	..
65 years and over	4	2	6	3	2	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..
Chorea (Rheumatic)—1 case : 1 Female, 5-14 years (1).																								
MITCHELL HEALTH DISTRICT																								
All Ages	7	2	9	4	..	4	..	..	..	..	..	..	..	..	..	19	18	37	1	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..
1-4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	..	..	..	..	..	..
5-14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	3	5	..	..	..	..	..	..
15-24 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	12	20	..	..	..	..	..	..
25-34 years	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	2	6	..	..	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..
45-54 years	3	1	4	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	2	..	2	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
BROKEN HILL DISTRICT																								
All Ages	7	2	9	4	..	4	..	..	..	..	..	..	..	..	..	19	18	37	1	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..
1-4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	..	..	..	..	..	..
5-14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	3	5	..	..	..	..	..	..
15-24 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	12	20	..	..	..	..	..	..
25-34 years	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	2	6	..	..	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..
45-54 years	3	1	4	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	2	..	2	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..

TABLE 1--NOTIFIABLE INFECTIOUS DISEASES--CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1953--continued

Age Group	Acute Anterior Poliomyelitis						Virus Encephalitis						Typhus Fever						Rheumatic Fever						Infantile Diarrhoea						Puerperal Fever	
	Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases	Deaths
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.		
RICHMOND-TWEED HEALTH DISTRICT																																
All Ages ..	12	8	20	..	..	..	..	..	..	4	1	5	..	..	9	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1-4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-14 years	5	4	9	..	..	..	..	..	..	1	..	1	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-24 years	..	1	7	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	6	2	2	..	..	..	..	..	..	1	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Leptospirosis—2 cases : 2 males, 25-34 years (1), 35-44 years (1). 1 death : 1 Female, 35-44 years (1).																																
MITCHELL HEALTH DISTRICT																																
All Ages ..	19	14	33	..	..	..	..	..	..	1	..	1	..	..	8	2	10	1	2	..	2	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1-4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-14 years	2	6	8	..	..	..	..	..	..	..	..	..	..	..	3	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
15-24 years	7	3	10	..	..	..	..	..	..	..	..	..	..	..	1	..	3	1	2	..	1	..	..	..	..	..	..	..	..	..
25-34 years	7	3	8	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	3	5	8	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
BROKEN HILL DISTRICT																																
All Age ..	6	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1-4 years	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-14 years	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-24 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE 1—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1953—continued

Age Group	Tuberculosis (All Forms)			Typhoid and Paratyphoid Fevers			Brucellosis			Scarlet Fever			Diphtheria			Meningococcal Infection		
	Cases		Deaths	Cases		Deaths	Cases		Deaths	Cases		Deaths	Cases		Deaths	Cases		Deaths
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
All Ages	146	75	221	46	16	62	9	5	14	1	3	4	76	130	1	1	1	85
Under 1 year	1	..	..	..	..	..	..	..	..	..	41	1	..	..	..	2
1-4 years	5	1	1	2	..	1	..	..	..	..	17	11	28	2	5	33
5-14 years	7	..	..	..	..	..	..	..	..	..	21	22	43	3	6	11
15-24 years	26	..	..	..	..	..	..	..	..	..	1	2	3	4	1	5
25-34 years	54	4	3	7	1	1	2	..	1	1	..	4	4	..	..	3
35-44 years	39	6	2	8	..	3	1	..	..	..	..	2	2	..	..	..
45-54 years	28	10	3	13	..	1	3	..	..	..	..	4	2	..	..	..
55-64 years	19	12	1	13	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	42	13	6	19	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated
Chorea (Rheumatic)—10 cases : 3 Males, 5-14 years (2), Age not stated (1).																		
7 Females, 5-14 years (6), Age not stated (1).																		
REMAINDER OF STATE																		
All Ages	1,261	635	1,896	314	96	410	48	54	102	3	6	7	381	646	1	1	1	499
Under 1 year	10	3	2	5	1	3	4	..	..	..	9	4	..	..	..	13
1-4 years	32	4	2	6	1	3	4	..	..	..	66	130	1	1	1	20
5-14 years	37	1	..	1	15	5	20	..	..	..	125	285	5	6	6	36
15-24 years	184	5	..	7	9	14	23	..	..	..	14	160	10	12	2	43
25-34 years	372	12	..	23	8	8	16	..	..	..	8	32	..	..	..	26
35-44 years	382	34	11	45	5	10	15	..	..	..	1	19	..	..	..	10
45-54 years	327	57	29	86	7	6	13	..	..	..	2	13	..	..	..	5
55-64 years	298	90	10	100	1	4	5	..	..	..	..	2	..	..	..	2
65 years and over	253	108	22	130	..	1	5	..	..	..	..	1	..	..	..	2
Not stated	1	..	..	..	..	..	1	..	..	..	..	3	..	..	..	..
WHOLE STATE																		
All Ages	1,261	635	1,896	314	96	410	48	54	102	3	6	7	381	646	1	1	1	499
Under 1 year	10	3	2	5	1	3	4	..	..	..	9	4	..	..	..	13
1-4 years	32	4	2	6	1	3	4	..	..	..	66	130	1	1	1	20
5-14 years	37	1	..	1	15	5	20	..	..	..	125	285	5	6	6	36
15-24 years	184	5	..	7	9	14	23	..	..	..	14	160	10	12	2	43
25-34 years	372	12	..	23	8	8	16	..	..	..	8	32	..	..	..	26
35-44 years	382	34	11	45	5	10	15	..	..	..	1	19	..	..	..	10
45-54 years	327	57	29	86	7	6	13	..	..	..	2	13	..	..	..	5
55-64 years	298	90	10	100	1	4	5	..	..	..	..	2	..	..	..	2
65 years and over	253	108	22	130	..	1	5	..	..	..	..	1	..	..	..	2
Not stated	1	..	..	..	..	..	1	..	..	..	..	3	..	..	..	..

TABLE II—SUMMARY, 1953

District	Estimated Mean Population	Tuberculosis (All Forms)		Typhoid and Paratyphoid Fever		Brucellosis		Scarlet Fever		Diphtheria		Meningococcal Infection		Acute Anterior Poliomyelitis		Virus Encephalitis		Typhus Fever		Rheumatic Fever		Infantile Diarrhoea		Puerperal Fever	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
Metropolitan Health District ..	1,763,450	1,386	264	49	4	4	..	378	..	286	19	74	16	348	24	2	7	..	1	87	15	161	27	7	3
Hunter River Health District ..	276,660	101	34	34	1	..	..	28	..	51	3	5	10	29	1	1	2	..	..	7	7	14	2	2	
South Coast Health District ..	215,920	85	18	1	..	..	..	33	..	19	1	7	3	49	4	5	..	..	..	10	1	12	5	..	
Richmond-Tweed Health District ..	119,110	37	11	3	..	..	..	3	..	20	..	5	..	20	..	..	..	..	..	9	1	..	4	..	
Mitchell Health District ..	126,700	57	17	1	..	..	..	74	..	1	1	4	1	33	4	..	..	..	..	10	2	..	5	..	
Broken Hill District ..	31,060	9	4	..	..	..	..	..	..	37	1	..	..	6	..	..	..	..	..	..	..	..	..	..
Remainder of State :—																									
Municipalities ..	288,740	101	31	4	..	..	..	41	..	21	1	8	2	58	8	4	1	..	..	12	6	31	11	5	2
Shires ..	540,690	104	30	10	1	4	..	88	1	63	5	24	6	87	14	8	3	..	..	30	7	31	25	4	4
Unincorporated ..	17,030	2	1	..	..	..	..	1	..	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Lord Howe Island ..	220	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Migratory ..	6,976	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Residence Outside State ..	..	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total, New South Wales ..	3,386,556	1,896	410	102	6	8	..	646	1	499	33	128	38	630	55	20	13	9	1	158	39	237	91	18	11

Ancylostomiasis—Richmond-Tweed Health District : 47 cases
Chorea (Rheumatic)—Metropolitan Health District : 7 cases
Hunter River Health District : 3 cases
South Coast Health District : 1 case
Mitchell Health District : 1 case
Remainder of State : 10 cases

New South Wales 22 cases

Leptospirosis—Richmond-Tweed Health District : 2 cases, 1 death
Ornithosis—Metropolitan Health District : 3 cases

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1954—continued

Age Group		Tuberculosis (All Forms)		Typhoid and Paratyphoid Fevers		Brucellosis		Scarlet Fever		Diphtheria		Meningococcal Infection		Acute Anterior Poliomyelitis		Virus Encephalitis	
		Deaths		Deaths		Deaths		Deaths		Deaths		Deaths		Deaths		Deaths	
		Cases		Cases		Cases		Cases		Cases		Cases		Cases		Cases	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
All Ages	..	1,059	534	176	56	7	10	1	..	116	112	6	9	55	37	12	10
Under 1 year	..	..	4	..	2	..	..	..	..	2	28	..	..	11	6	4	4
1- 4 years	..	..	7	..	..	..	..	..	..	34	28	..	..	11	4	9	1
5-14 years	..	..	3	..	..	..	..	..	..	74	64	3	4	28	19	7	4
15-24 years	..	..	6	..	..	..	..	..	..	3	8	..	5	9	5	1	1
25-34 years	..	..	73	..	..	..	..	..	..	3	5	..	3	6	3	..	..
35-44 years	..	..	159	..	..	..	..	..	..	3	8	..	..	2	2	..	..
45-54 years	..	..	178	..	..	..	..	..	..	..	5	..	..	1	1	..	..
55-64 years	..	..	124	..	..	..	..	..	..	..	2	..	..	..	..	..	..
65 years and over	..	..	82	..	..	..	..	..	..	..	5	..	..	..	..	..	..
Not Stated	..	..	225	..	..	..	..	..	..	..	2	..	..	..	..	..	..
	..	..	178	..	..	..	..	..	..	..	5	..	..	..	..	..	..
	..	..	229	..	..	..	..	..	..	..	2	..	..	..	..	..	..
	..	..	36	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	44	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	217	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ancylostomiasis : 3 Males : 45-54 years (2)		..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated (1)		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
METROPOLITAN HEALTH DISTRICT																	
All Ages	..	..	58	31	19	8	3	1	..	23	22	1	..	16	11	6	2
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	5	1	3	1
1- 4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	6	2	4	..
5-14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	3	..
15-24 years	..	..	3	8	..	..	..	..	..	15	14	1	..	1	1	..	..
25-34 years	..	..	11	7	..	..	..	..	..	2	4	..	..	1	1	..	..
35-44 years	..	..	12	5	..	..	..	..	..	1	1	..	..	..	..	..	..
45-54 years	..	..	17	5	..	..	..	..	..	..	1	..	..	..	..	..	..
55-64 years	..	..	6	4	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	9	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
HUNTER RIVER HEALTH DISTRICT																	
All Ages	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1- 4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-24 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
SOUTH COAST HEALTH DISTRICT																	
All Ages	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1- 4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-24 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1954—continued

Age Group	Infectious Hepatitis				Ornithosis				Typhus Fever				Ascariasis				Rheumatic Fever				Chorea (Rheumatic)				Infantile Diarrhoea				Puerperal Fever	
	Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
All Ages	350	339	4	9	2	1	..	..	8	14	..	..	53	56	7	5	2	8	..	..	95	61	10	14	6	2	..	..
Under 1 year..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1- 4 years	19	15	..	..	..	..	..	..	1	11	..	..	5	7	1	1	..	..	..	..	63	42	7	10	..	..	..	..
5-14 years	168	175	..	2	..	..	..	..	6	1	..	..	31	38	1	2	..	..	..	..	32	19	3	4	..	..	..	..
15-24 years	61	56	..	1	..	..	..	..	1	..	..	..	7	7	2	1	2	8	..	..	..	..	..	..	1	..	..	..
25-34 years	59	68	..	1	..	..	..	..	..	..	..	..	4	2	1	..	..	..	..	..	..	..	..	..	4	..	..	..
35-44 years	23	17	1	2	..	..	..	..	..	..	..	..	2	2	..	1	..	..	..	..	..	..	..	..	1	..	..	..
45-54 years	6	2	1	1	..	..	..	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..
55-64 years	5	1	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	3	3	1	2	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	6	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Metropolitan Health District

All Ages	62	35	2	..	..	..	..	..	2	1	..	..	3	3	2	2	1	..	..	..	2	2	..	1	4	..	..	..	..
Under 1 year..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1- 4 years	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	1	..	1	..	..	..	..	..
5-14 years	20	12	..	..	..	..	..	..	1	..	..	..	1	1	1	..	1	..	..	..	2	1	..	1	..	..	..	..	..
15-24 years	5	8	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
25-34 years	6	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..
35-44 years	5	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	2	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Hunter River Health District

All Ages	37	34	1	..	..	..	..	..	..	..	..	..	12	11	2	..	1	..	..	..	8	9	2	1	4	1	..	..
Under 1 year..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	7	8	1	1	..	..	..	..	..
1- 4 years	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-14 years	16	18	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1	1	1	..	..	..	..	..	..
15-24 years	8	6	..	..	..	..	..	..	..	..	..	..	10	7	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..
25-34 years	4	7	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..
35-44 years	1	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..
45-54 years	3	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

South Coast Health District

All Ages	37	34	1	..	..	..	..	..	..	..	..	..	12	11	2	..	1	..	..	..	8	9	2	1	4	1	..	..
Under 1 year..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	7	8	1	1	..	..	..	..	..
1- 4 years	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-14 years	16	18	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1	1	1	..	..	..	..	..	..
15-24 years	8	6	..	..	..	..	..	..	..	..	..	..	10	7	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..
25-34 years	4	7	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..
35-44 years	1	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..
45-54 years	3	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE I--NOTIFIABLE INFECTIOUS DISEASES--CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT 1954--continued

Age Group		Tuberculosis (All Forms)				Typhoid and Paratyphoid Fevers				Brucellosis				Scarlet Fever				Diphtheria				Meningococcal Infection				Acute Anterior Poliomyelitis				Virus Encephalitis					
		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
All Ages	..	15	11	3	2	1	1	3	5	4	9	5	..	1	..	3	1
Under 1 year	1	2	..	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
1-4 years	..	1	1	..	..	..	..	..	..	..	..	..	..	1	2	..	..	3	3	..	..	2	..	..	..	..	1	..	..	..	..	..	..
5-14 years	1	3	..	..	..	5	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
15-24 years	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	..	4	3	..	2	1	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..
35-44 years	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
45-54 years	..	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	3	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	2	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ancylostomiasis : 43 males :		Under 1 year	3	15-24 years	2	45-54 years	1
		1-4 years	12	25-34 years	7	65 and over	1
		5-14 years	8	35-44 years	6	Not Stated	1
MITCHELL HEALTH DISTRICT																																			
All Ages	..	41	22	5	2	1	..	..	..	..	..	..	..	19	16	..	..	1	2	..	..	1	..	3	2	..	16	7	2	..	3	1	..	..
Under 1 year	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
1-4 years	..	1	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..
5-14 years	2	2	..	..	..	..	..	..
15-24 years	..	3	4	1	..	1	..	..	..	..	..	..	..	13	12	..	..	1	..	..	..	..	..	..	..	..	4	2	1	..	..	..	..	..
25-34 years	..	10	4	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	4	4	1	..	..	..	..	..
35-44 years	..	9	7	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..
45-54 years	..	8	3	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
55-64 years	..	7	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	3	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
BROKEN HILL DISTRICT																																			
All Ages	..	19	5	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	..	..	2	..	..	..	1	..	..	..	..	..	..	..	..
Under 1 year	
1-4 years	
5-14 years	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
15-24 years	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
35-44 years	..	5	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	3	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	5	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 years and over	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1954—continued

Age Group	Infectious Hepatitis				Ornithosis				Typhus Fever				Ascariasis				Rheumatic Fever				Chorea (Rheumatic)				Infantile Diarrhoea				Puerperal Fever	
	Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases	Deaths				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
All Ages	280	241	2	5	1	..	..	..	..	77*	56*	3	1	43	24	6	4	..	..	43	37	17	24	6	3	
Under 1 year..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	26	23	13	17	..	..	..	
1-4 years	9	14	..	..	..	..	..	..	..	25	22	2	..	..	1	..	..	..	..	17	14	4	7	..	..	..	
5-14 years	115	112	1	..	..	..	..	..	..	47*	31*	..	..	23	18	1	2	..	..	..	..	..	..	2	..	..		
15-24 years	50	46	1	1	..	..	..	..	..	2	..	..	..	11	1	3	..	..	..	..	..	..	..	..	..	..
25-34 years	60	44	..	1	..	..	..	..	..	..	..	..	..	4	2	..	1	..	..	..	..	..	..	2	..	..		
35-44 years	24	11	..	..	..	..	..	..	..	..	..	..	..	3	1	1	1	..	..	..	..	..	..	1	..	..		
45-54 years	12	3	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	2	6	..	1	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..
65 years and over	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	4	3	..	..	..	..	..	..	..	2	3	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..		
* Excluding 43 cases aged 5-14 years, sex not stated.																														
WHOLE STATE																														
All Ages	860	773	10	14	3	..	..	1	..	94*	84*	3	5	118	102	20	13	8	12	150	113	31	43	23	9			
Under 1 year..	..	..	..	..	..	..	..	..	..	2	..	1	..	1	..	..	..	..	..	100	78	23	32	..	..	..	
1-4 years	38	38	..	..	..	..	..	..	..	33	38	2	4	6	10	2	1	..	..	50	35	8	11	..	..	..	
5-14 years	370	376	1	2	..	..	..	..	..	52*	34*	..	..	69	67	5	6	..	..	..	..	..	..	..	..	..
15-24 years	151	132	1	2	..	..	..	..	..	2	2	..	..	21	11	5	2	8	12	..	..	..	..	5	..	..		
25-34 years	154	153	1	2	..	..	..	..	..	3	3	..	1	9	8	1	2	..	..	..	..	..	..	12	..	..		
35-44 years	67	38	1	2	..	..	..	..	..	..	1	..	..	5	4	1	2	..	..	..	..	..	..	4	..	..		
45-54 years	22	7	2	..	1	..	..	..	..	..	1	..	..	3	1	3	..	..	..	..	..	..	..	4	..	..		
55-64 years	10	8	1	3	2	..	..	1	..	..	..	..	..	3	..	3	..	..	..	..	..	..	..	..	..	..
65 years and over	12	8	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	36	13	..	..	..	..	..	..	..	5	5	..	..	1	..	..	..	..	..	..	..	..	..	2	..	..		

* Excluding 43 cases aged 5-14 years, sex not stated.

* Excluding 43 cases aged 5-14 years, sex not stated.

Leptospirosis : 1 male (65 years and over)
7 females : 5-14 years 1
35-44 years 5
45-54 years 1

TABLE II—SUMMARY, 1954

District	Population 30th June, 1954 Census	Tuberculosis (All Forms)		Typhoid and Para- typhoid Fever		Brucellosis		Scarlet Fever		Diphtheria		Meningo- coccal Infection		Acute Anterior Polio- myelitis		Virus Enceph- alitis		Infectious Hepatitis		Ornithosis		Typhus Fever		Ascariasis		Rheumatic Fever		Chorea (Rheumatic)		Infantile Diarrhoea		Puerperal Fever	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.		
Metropolitan Health District	1,771,212	1,593	232	17	1	4	..	401	..	228	15	92	22	238	15	13	7	689	13	2	1	2	..	22	..	109	12	10	..	156	24	6	..
Hunter River Health District	280,868	89	27	4	1	..	..	69	..	45	1	27	8	17	2	1	3	97	2	..	..	..	2	..	6	4	1	..	4	1	4	..
South Coast Health District	227,605	92	30	..	..	..	..	48	..	6	..	11	2	31	2	1	..	71	1	..	..	..	..	..	23	2	1	..	17	3	4	..
Richmond-Tweed Health District	119,574	26	5	1	..	1	..	8	..	13	..	5	1	4	..	..	..	9	..	..	..	1	..	..	5	2	..	..	..	..	..	..
Mitchell Health District	127,267	63	7	1	..	..	..	35	..	3	..	4	2	23	2	4	1	231	..	..	..	..	..	..	10	3	..	..	5	4	1	1
Broken Hill District	31,351	24	3	..	..	..	..	..	..	5	..	2	..	1	..	..	..	15	..	..	..	..	..	..	..	..	1	..	1	1	1	1
Remainder of State—																																	
Municipalities	293,134	122	22	4	..	..	..	34	..	23	2	18	6	99	4	9	..	184	2	..	..	..	..	..	25	4	4	..	36	19	3	1
Shires	548,101	130	20	4	..	4	..	108	..	43	3	39	9	142	4	5	1	337	5	1	..	..	..	176	1	42	2	..	44	22	3	2
Unincorporated	17,269	1	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lord Howe Island	278	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Migratory	6,870	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Residence Outside State	..	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total, New South Wales	3,423,529	2,156	347	31	2	9	..	703	..	366	21	199	51	555	29	33	12	1,633	24	3	1	3	..	222	8	220	33	20	..	263	74	23	9

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CAUSE AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1955

Age Group	Tuberculosis (All Forms)						Typhoid and Paratyphoid Fevers						Brucellosis						Scarlet Fever						Diphtheria						Meningococcal Infection					
	Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.						
..	817	425	1,242	125	39	164	7	6	13	1	1	..	..	..	..	..	..	..	27	34	61	2	2	4	22	30	52	4	10	14
Under 1 year	1	..	1	1	1	..	12	9	21	3	2	5						
1- 4 years	..	10	14	24	1	1	..	..	..	..	..	..	..	..	..	..	..	..	9	6	15	..	..	..	6	9	22	1	7	8
5-14 years	..	10	13	23	..	1	1	1	3	..	..	..	..	..	..	..	..	..	16	20	36	1	1	..	4	4	8	..	..	..			
15-24 years	..	49	66	115	2	2	4	..	4	..	..	..	..	..	..	..	..	..	1	3	3	..	..	..	..	..	..	..	..	..
25-34 years	..	106	99	205	8	11	..	3	3	..	..	..	..	..	..	..	..	..	..	4	5	..	1	..	..	..	..	..	..	..
35-44 years	..	145	99	244	16	8	24	1	1	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..
45-54 years	..	177	53	230	22	4	26	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	173	46	224	37	6	43	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	..	140	32	172	45	9	54	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
METROPOLITAN HEALTH DISTRICT																																				
..	110	62	172	11	5	16	..	..	..	1	1	..	..	..	..	..	..	..	10*	10*	20	4	..	4	6	3	9	2	..	2
Under 1 year						
1- 4 years	..	2	2	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	5	5	10	..	..	3	3	1	4	1	..	1
5-14 years						
15-24 years	..	2	10	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	4	9	1	1	3	1	1	2	1	..	..				
25-34 years	..	15	17	32	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..
35-44 years	..	18	11	29	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	23	8	36	2	1	3	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	28	6	29	4	1	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	..	22	8	30	4	1	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated						
* Excluding 4 cases, age and sex not stated.																																				
SOUTH COAST HEALTH DISTRICT																																				
..	68	40	108	5	2	7	1	..	1	..	..	..	..	..	..	..	..	..	3	2	5	1	..	1	5	2	7	2	..	2
Under 1 year						
1- 4 years	..	1	2	3	2	..	2	1	..	1	1	1	1	2	2	..	2					
5-14 years						
15-24 years	..	5	7	12	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	2	2	3	..	..	1	1	2	2	..	..				
25-34 years	..	11	15	26	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	..	12	6	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	13	6	19	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	10	3	13	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	..	16	1	17	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated						
RICHMOND-TWEED HEALTH DISTRICT																																				
..	17	9	26	3	1	4	..	..	..	1	1	..	..	..	..	..	..	..	3	7	10	..	..	..	5	3	8	..	..	..			
Under 1 year						
1- 4 years	1	..	1	..	..	..	..	..	..	..	..	..
5-14 years	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	..	..	..	..	..	..	..	..	..
15-24 years	..	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	..	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	..	5	2	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	..	3	1	4	1	1	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	1	..	1	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	..	4	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated						

* Excluding 4 cases, age and sex not stated.

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CAUSE AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1955—continued

[illegible]

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CAUSE AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1955—continued

Age Group	Acute Anterior Poliomyelitis				Virus Encephalitis				Infective Hepatitis				Ornithosis				Typhus Fever				Ascariasis			
	Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths	
	M.	F.	T.	T.	M.	F.	T.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
All Ages	54	29	83	3	2	5	4	2	6	1	..	1	536	518	1,054	6	9	15	..	1	1	9	9	18
Under 1 year	3	1	4	..	..	..	..	..	..	..	..	..	17	22	39	..	1	..	..	..	..	1	1	2
1-4 years	11	8	19	1	1	1	3	1	4	..	..	..	226	212	438	1	..	1	..	..	..	8	7	15
5-14 years	23	12	35	2	..	2	..	1	..	..	..	..	106	94	200	..	5	5	..	..	..	..	1	1
15-24 years	7	5	12	..	1	1	..	..	..	..	..	..	108	111	219	..	..	..	..	..	..	..	..	..
25-34 years	3	3	6	..	1	1	1	1	2	1	..	..	30	41	71	..	1	1	..	1	..	..	..	..
35-44 years	2	..	2	..	..	..	..	..	..	..	..	..	23	11	34	3	..	3	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	16	9	25	2	2	2	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	5	10	15	..	..	..	..	..	..	..	..	..
65 and over	..	..	..	..	..	..	..	..	..	..	..	..	5	8	13	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
METROPOLITAN HEALTH DISTRICT																								
All Ages	2	2	4	..	..	..	2	..	2	..	..	..	30†	35†	65	1	..	1	..	..	1	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1-4 years	1	1	2	..	..	..	1	..	1	..	..	..	9	9	18	..	..	..	..	..	..	..	..	..
5-14 years	..	..	1	..	..	..	1	..	1	..	..	..	5	7	12	..	..	..	..	..	1	..	..	..
15-24 years	..	..	..	..	..	..	..	..	..	..	..	..	9	4	13	..	..	..	..	..	..	..	..	..
25-34 years	..	1	1	..	..	..	..	..	..	..	..	..	3	1	4	..	..	..	..	..	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	1	1	1	..	..	..	..	..	..
65 and over	..	..	..	..	..	..	..	..	..	..	..	..	1	13	14	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
HUNTER RIVER HEALTH DISTRICT																								
All Ages	4	10	14	..	..	..	2	2	4	1	1	1	65	76	141	2	..	2	..	..	..	9	5	14
Under 1 year	..	1	1	..	..	..	1	..	1	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..
1-4 years	..	3	3	..	..	..	..	..	..	..	..	..	23	33	56	..	..	..	..	..	..	5	2	7
5-14 years	3	2	5	..	..	..	1	..	1	..	..	..	14	12	26	1	..	1	..	..	..	4	3	7
15-24 years	1	3	4	..	..	..	..	1	1	1	1	1	15	17	32	..	..	..	..	..	..	..	..	..
25-34 years	..	1	1	..	..	..	..	1	1	..	..	..	8	4	12	..	..	..	..	..	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	1	1	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	1	..	1	..	..	..	..	..	..
65 and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
SOUTH COAST HEALTH DISTRICT																								
All Ages	4	9	13	..	..	..	..	..	..	..	..	..	65	76	141	2	..	2	..	..	..	9	5	14
Under 1 year	..	1	1	..	..	..	1	..	1	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..
1-4 years	..	3	3	..	..	..	..	..	..	..	..	..	23	33	56	..	..	..	..	..	..	5	2	7
5-14 years	3	2	5	..	..	..	1	..	1	..	..	..	14	12	26	1	..	1	..	..	..	4	3	7
15-24 years	1	3	4	..	..	..	..	1	1	1	1	1	15	17	32	..	..	..	..	..	..	..	..	..
25-34 years	..	1	1	..	..	..	..	1	1	..	..	..	8	4	12	..	..	..	..	..	..	..	..	..
35-44 years	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	1	1	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	1	..	1	..	..	..	..	..	..
65 and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
RICHMOND-TWEED HEALTH DISTRICT																								
All Ages	4	9	13	..	..	..	..	..	..	..	..	..	48	23	71	..	..	..	..	..	3	1	4	7
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
1-4 years	..	2	2	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	2	1	3
5-14 years	..	5	5	..	..	..	..	..	..	..	..	..	14	7	21	..	..	..	..	..	..	1	1	3
15-24 years	..	3	3	..	..	..	..	..	..	..	..	..	8	5	13	..	..	..	..	..	..	1	1	3
25-34 years	..	3	3	..	..	..	..	..	..	..	..	..	9	3	12	..	..	2	..	..	..	1	1	4
35-44 years	..	1	1	..	..	..	..	..	..	..	..	..	5	3	8	..	..	..	..	..	..	..	..	..
45-54 years	..	..	..	..	..	..	..	..	..	..	..	..	3	2	5	..	..	..	..	..	..	..	..	..
55-64 years	..	..	..	..	..	..	..	..	..	..	..	..	4	1	5	..	..	..	..	..	..	..	..	..
65 and over	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	1	1	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	..	..	..

† Excluding 5 cases, age and sex not stated.

TABLE I--NOTIFIABLE INFECTIOUS DISEASES--CAUSE AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1955--continued

Age Group	Acute Anterior Poliomyelitis				Virus Encephalitis				Infectious Hepatitis				Ornithosis				Typhus Fever				Ascariasis			
	Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths		Cases		Deaths	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
MITCHELL HEALTH DISTRICT																								
All Ages	4	4	8	..	..	..	3	1	4	..	..	..	74	82	156	1	..	1	..	..	..	..	..	..
Under 1 year
1- 4 years
5-14 years	3	2	3	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-24 years	2	..	..	..	2	..	2	..	..	..	27	40	67	..	..	..	..	..	..	..	..	..
25-34 years	..	2	2	..	..	..	..	..	..	..	..	..	11	18	29	..	..	..	..	..	..	..	..	..
35-44 years	1	..	1	..	..	..	..	1	1	..	..	..	20	10	30	1	..	1	..	..	..	..	..	..
45-54 years	4	5	9	..	..	..	..	..	..	..	..	..
55-64 years	4	..	4	..	..	..	..	..	..	..	..	..
65 and over	1	2	3	..	..	..	..	..	..	..	..	..
Not Stated	2	4	6	..	..	..	..	..	..	..	..	..
BROKEN HILL DISTRICT																								
All Ages	27	28	55	..	..	..	..	..	..	..	..	..
Under 1 year
1- 4 years
5-14 years
15-24 years	9	10	19	..	..	..	..	..	..	..	..	..
25-34 years	9	9	18	..	..	..	..	..	..	..	..	..
35-44 years	5	4	9	..	..	..	..	..	..	..	..	..
45-54 years	3	2	5	..	..	..	..	..	..	..	..	..
55-64 years
65 and over	1	..	1	..	..	..	..	..	..	..	..	..
Not Stated	1	1	..	..	..	..	..	..	..	..	..
ARMED FORCES																								
All Ages	29	2	31	..	1	1	..	..	..	..	..	..
Under 1 year
1- 4 years
5-14 years
15-24 years	19	1	20	..	1	..	..	..	..	..	..	..
25-34 years	5	1	6	..	..	..	..	..	..	..	..	..
35-44 years	3	..	3	..	..	..	..	..	..	..	..	..
45-54 years	1	..	1	..	..	..	..	..	..	..	..	..
55-64 years
65 and over
Not Stated	1	..	1	..	..	..	..	..	..	..	..	..
IMPORTED CASES																								
All Ages	..	1	1	..	..	..	..	..	..	..	..	..	2	2	4	..	..	..	..	..	..	..	..	..
Under 1 year
1- 4 years
5-14 years	..	1	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
15-24 years
25-34 years
35-44 years
45-54 years
55-64 years
65 and over
Not Stated

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1955—continued

[illegible]

TABLE II—SUMMARY, 1955

District	Population 30th June, 1955 (Es.imated)	Tuberculosis (all forms)		Typhoid and Para- typhoid Fever		Brucel- losis		Scarlet Fever		Diph- theria		Meningo- coccal Infection		Polio- mvelitis		Virus Enceph- alitis		Infectious Hepatitis		Orni- thosis		Typhus Fever		Ascar- iasis		Rheu- matic Fever		Chorea (Rheu- maric)		Infantile Diarrhoea		Puer- peral Fever		Ancylo- stomi- asis		Lepto- spirosis	
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
Metropolitan Health District	1,797,420	1,242	164	13	..	1	..	371	..	61	4	52	14	83	5	6	1	1,054	16	1	..	1	..	18	..	95	7	13	..	156	18	12	7	1	..	..	..
Hunter River Health District	287,110	172	16	..	..	1	..	71	..	24	4	10	2	4	..	2	..	70	1	..	..	1	..	..	..	1	1	..	..	6	2	2	1	..	..	..	..
South Coast Health District	241,020	108	7	1	..	..	..	48	..	5	1	7	2	14	..	4	1	141	2	..	..	..	..	14	..	12	..	..	..	11	..	7	3	..	..	..	..
Richmond-Tweed Health District	120,420	26	4	..	..	1	..	9	..	10	..	8	1	13	..	..	..	71	..	..	..	..	..	10	..	15	..	..	..	14	5	7	..	13	..	2	..
Mitchell Health District	128,930	44	14	..	..	2	..	20	..	1	..	11	3	8	..	4	..	156	1	..	..	..	..	..	..	20	5	6	..	6	2	5	..	..	..	..	..
Broken Hill District	32,000	12	4	..	..	..	..	1	..	4	..	2	..	..	..	..	..	55	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..
Remainder of State	876,520	302	43	3	..	..	..	99	..	35	5	38	10	99	3	14	5	907	7	..	..	1	..	26	..	59	11	4	..	83	30	10	4	3	..	..	..
Imported Cases	....	3	..	..	..	..	..	26*	..	..	..	..	..	..	..	..	..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Armed Forces	....	..	..	1†	..	..	..	..	..	..	..	..	..	1	..	..	..	31	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Migratory	6,911	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total, New South Wales	3,490,331	1,909	252	17	..	5	..	619	..	140	14	128	32	222	8	30	7	2,489	27	1	..	7	..	68	1	202	26	25	1	277	58	43	15	18	..	2	..

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1956—continued

[illegible]

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1956—continued

Age Group	Tuberculosis (All Forms)						Typhoid and Paratyphoid Fevers						Brucellosis						Scarlet Fever						Diphtheria						Meningococcal Infection					
	Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
All Ages	213	123	336	43	16	59	2	..	2	..	..	..	6	1	1	63	84	147	1	..	1	7	2	9	1	1	22	17	39	4	3	7	
Under 1 year	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	7	4	11	2	4	7	
1-4 years	5	3	6	..	1	1	1	..	..	..	..	..	..	..	..	..	23	46	..	..	..	3	1	..	4	..	7	5	12	2	2	3	
5-14 years	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	33	87	..	..	..	3	..	..	3	1	7	6	13	..	1	..	
15-24 years	12	16	28	..	..	..	1	..	1	..	..	..	1	..	..	..	2	6	..	..	..	1	..	..	1	..	..	2	2	..	..	..	
25-34 years	28	31	59	1	1	2	..	..	..	..	..	..	..	..	..	..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	46	30	76	2	3	5	..	..	..	..	..	..	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	42	17	59	10	3	13	..	..	..	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..
55-64 years	40	9	49	11	3	14	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
65 and over	39	14	53	19	5	24	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
REMAINDER OF STATE																																				
All Ages	1,139	563	1,702	243	82	325	15	4	19	1	1	1	10	2	12	1	232	342	574	1	1	2	35	35	70	3	2	60	52	112	14	12	26			
Under 1 year	6	5	11	..	1	1	1	..	..	..	..	..	..	..	..	..	2	4	6	..	..	..	..	..	..	..	..	15	13	28	4	4	8
1-4 years	29	13	42	1	1	2	4	..	..	..	..	..	..	..	..	..	67	158	..	1	1	..	14	12	26	2	24	20	44	8	5	13	
5-14 years	8	11	19	..	1	1	1	..	5	..	..	2	2	..	2	..	144	366	..	..	..	16	14	30	1	1	15	14	29	1	2	3	
15-24 years	62	69	131	2	1	3	1	..	2	..	..	2	2	..	2	..	9	23	..	..	..	3	2	5	..	..	3	2	5	..	..	..	..
25-34 years	172	162	334	9	8	17	3	..	3	..	..	3	3	..	3	..	3	8	11	..	..	2	2	3	..	..	..	..	..	..	..	..	..
35-44 years	226	133	359	24	17	41	3	..	4	..	..	1	1	1	2	1	1	4	2	..	..	1	1	2	..	..	..	..	..	..	..	..	..
45-54 years	222	68	290	58	13	71	1	..	2	..	..	1	2	..	2	1	2	1	2	..	..	..	..	..	..	..	2	2	..	..	..	..	..
55-64 years	216	54	270	97	13	110	1	..	2	..	..	1	1	..	1	..	1	2	2	1	1	..	..	..	..	..	1	..	..	..	..	..	..
65 and over	198	46	244	52	27	79	2	..	2	..	..	2	1	1	1	..	1	1	1	..	..	..	..	..	..	..	1	1	1	2	1	1	2
Not Stated	..	2	2	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
WHOLE STATE																																				
All Ages	1,139	563	1,702	243	82	325	15	4	19	1	1	1	10	2	12	1	232	342	574	1	1	2	35	35	70	3	2	60	52	112	14	12	26			
Under 1 year	6	5	11	..	1	1	1	..	..	..	..	..	..	..	..	..	2	4	6	..	..	..	..	..	..	..	..	15	13	28	4	4	8
1-4 years	29	13	42	1	1	2	4	..	..	..	..	..	..	..	..	..	67	158	..	1	1	..	14	12	26	2	24	20	44	8	5	13	
5-14 years	8	11	19	..	1	1	1	..	5	..	..	2	2	..	2	..	144	366	..	..	..	16	14	30	1	1	15	14	29	1	2	3	
15-24 years	62	69	131	2	1	3	1	..	2	..	..	2	2	..	2	..	9	23	..	..	..	3	2	5	..	..	3	2	5	..	..	..	..
25-34 years	172	162	334	9	8	17	3	..	3	..	..	3	3	..	3	..	3	8	11	..	..	2	2	3	..	..	..	..	..	..	..	..	..
35-44 years	226	133	359	24	17	41	3	..	4	..	..	1	1	1	2	1	1	4	2	..	..	1	1	2	..	..	..	..	..	..	..	..	..
45-54 years	222	68	290	58	13	71	1	..	2	1	2	..	2	1	2	1	2	2	2		
55-64 years	216	54	270	97	13	110	1	..	2	1	1	..	1	..	1	2	2	1	1	1		
65 and over	198	46	244	52	27	79	2	..	2	..	..	2	1	1	1	..	1	1	1	..	..	..	..	..	..	..	1	1	1	2	1	1	2
Not Stated	..	2	2	2	..	1	..	1		

TABLE 1.—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1956—continued

[illegible]

TABLE II—SUMMARY, 1956

District	Population 30th June, 1956 (estimated)	Tubercu- losis all forms		Typhoid and paratyphoid Fever		Brucel- losis		Scarlet Fever		Diph- theria		Meningo- coccal Infection		Poliomye- litis		Virus Enceph- alitis		Infectious Hepatitis		Orni- thosis		Typhus Fever		Ascar- iasis		Rheu- matic Fever		Chorea (Rheu- matic)		Infantile Diarr- hoea		Puer- peral Infection		Ancylo- ostomi- osis		Lepto- pirosis		
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	
Metropolitan Health District	1,829,104	1,089	201	12	..	4	..	311	..	37	3	35	7	93	6	12	4	2,174	13	3	..	1	..	11	1	68	7	7	..	158	13	20	8	4	..	1	..	
Hunter River Health District	291,790	100	32	1	1	..	..	27	..	13	..	15	6	3	..	1	1	111	..	..	..	1	..	5	..	11	2	2	..	22	5	5	3	1	..	1	..
South Coast Health District	254,330	79	19	2	..	..	..	54	..	5	..	14	4	12	..	2	1	500	2	..	..	..	..	..	..	19	..	4	..	12	3	6	4	..	..	..	..
Richmond-Tweed Health District	120,690	20	4	1	..	1	..	6	..	3	..	5	..	9	..	4	..	63	..	..	..	2	..	..	..	11	1	..	..	8	..	1	..	..	..	20	..
Mitchell Health District	139,990	66	8	..	..	..	..	28	..	..	..	4	..	17	4	4	3	141	1	..	..	..	..	1	..	12	..	..	..	5	1	3	..	..	..	..	..
Broken Hill District	32,170	12	2	..	..	..	..	..	..	3	..	..	..	2	..	..	7	141	3	..	..	..	..	..	..	..	..	..	3	1	..	2	..	..	..	..	..
Remainder of State	920,270	336	59	2	..	6	1	147	..	9	2	39	7	104	3	11	7	1,415	4	..	..	1	..	34	6	35	2	2	..	62	18	9	..	27	..	..	..
Imported	....	..	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Armed Forces	21
Migratory
Total, New South Wales	3,588,344	1,702	325	19	1	12	1	574	..	70	5	112	26	240	16	34	16	4,435	20	3	..	5	..	54	7	156	11	15	..	270	41	44	17	33	..	22	..	

Estimated population figures supplied to Dr. Dunlop by Fred Taylor, Government Statistician

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1957

Age Group	Tuberculosis (All Forms)						Typhoid and Paratyphoid Fevers						Brucellosis						Scarlet Fever						Diphtheria						Meningococcal Inf.					
	Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
METROPOLITAN AREA																																				
All Ages	628	290	918	43	19	62	4	4	8	1	..	1	..	..	..	..	120	167	287	..	..	..	14	15	29	1	..	..	26	15	41	6	4	10	
Under 1 year	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	9	4	13	7	7		
1-4 years	7	9	16	..	1	..	..	..	1	..	..	..	..	..	..	..	46	60	106	..	..	..	4	..	5	..	..	12	2	14	4	3	2		
5-14 years	9	8	17	..	..	..	..	..	1	..	..	..	..	..	..	..	64	96	160	..	..	..	9	11	20	1	..	3	4	7	..	..	1		
15-24 years	35	34	69	..	..	..	..	..	..	..	..	..	..	..	..	..	4	8	12	..	..	..	..	..	..	..	..	..	4	4	3	..	..	..
25-34 years	82	65	147	2	2	4	1	1	2	..	..	..	..	..	..	..	2	1	3	..	..	..	1	1	2	..	..	1	1	3	3	2	1	..	
35-44 years	110	62	172	6	..	6	..	1	1	1	..	..	..	..	..	..	3	1	4	..	..	..	..	..	1	..	..	..	..	1	1	..	..	..
45-54 years	137	44	181	3	4	7	..	2	2	1	..	..	..	..	..	..	1	1	1	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..
55-64 years	128	28	156	14	3	17	1	1	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	114	36	150	18	8	26	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	4	2	6	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
HUNTER RIVER HEALTH DISTRICT																																				
All Ages	188	74	262	6	..	6	1	1	1	..	..	..	..	..	..	..	7	14	21	..	..	..	4	3	7	..	..	..	4	1	5	4	..	4	
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1-4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	4	..	..	..	1	..	1	..	..	..	1	1	1	1	..	..	1
5-14 years	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3	9	12	..	..	..	2	2	2	..	..	..	..	..	2	2	..	..	2
15-24 years	19	12	31	1	..	1	..	..	..	..	..	..	..	..	..	..	1	2	3	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..
25-34 years	15	14	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	42	23	65	2	..	2	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	45	15	60	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..
55-64 years	31	1	32	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	35	8	43	1	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
MITCHELL HEALTH DISTRICT																																				
All Ages	28	8	36	7	..	7	..	..	..	..	..	1	..	..	..	..	14	15	29	..	..	..	..	..	..	..	..	..	3	2	5	1	..	1	
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..
1-4 years	2	2	4	2	..	2	..	..	..	..	..	..	..	..	..	..	7	5	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	10	17	..	..	..	..	..	..	..	..	..	1	2	3	..	..	..
15-24 years	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	2	1	3	2	..	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	7	7	14	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
45-54 years	5	3	8	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	9	1	10	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
RICHMOND-TWEED HEALTH DISTRICT																																				
All Ages	21	14	35	..	1	1	..	..	..	..	..	1	..	..	..	..	2	5	7	..	..	..	1	1	2	..	..	..	..	1	..	..	..	..	..
Under 1 year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1-4 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
5-14 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-24 years	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35-44 years	6	4	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years	4	3	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years	4	4	8	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
65 and over	4	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not Stated	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE I—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1957—*continued*

Age Group	Acute Anterior Poliomyelitis						Virus Encephalitis						Infective Hepatitis						Ornithosis						Typhus Fever						Ascariasis					
	Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths			Cases			Deaths		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
SOUTH COAST HEALTH DISTRICT																																				
All Ages	4	1	5	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Under 1 year				
1- 4 years				
5-14 years	2	1	3	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-24 years	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25-34 years				
35-44 years				
45-54 years	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55-64 years				
65 and over				
Not Stated				
BROKEN HILL DISTRICT																																				
All Ages				
Under 1 year				
1- 4 years				
5-14 years				
15-24 years				
25-34 years				
35-44 years				
45-54 years				
55-64 years				
65 and over				
Not Stated				
ARMED FORCES																																				
All Ages				
Under 1 year				
1- 4 years				
5-14 years				
15-24 years				
25-34 years				
35-44 years				
45-54 years				
55-64 years				
65 and over				
Not Stated				
IMPORTED CASES																																				
All Ages				
Under 1 year	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1- 4 years				
5-14 years				
15-24 years				
25-34 years				
35-44 years	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-54 years				
55-64 years				
65 and over				
Not Stated				

[illegible]

TABLE I.—NOTIFIABLE INFECTIOUS DISEASES—CASES AND DEATHS BY SEX AND AGE, EACH HEALTH DISTRICT, 1957—continued

[illegible]

TABLE 2—NOTIFICATIONS OF INFECTIOUS DISEASES—SUMMARY, 1957

	Estimated Population 30th June, 1957	Typhoid and Para- typhoid Fever		Scarlet Fever		Diph- theria		Acute Anterior Polio- myelitis		Menin- gooccal Infection		Virus Enceph- alitis		Typhus Fever		Puer- peral Infection		Brucel- losis		Tuber- culosis (all forms)		Infantile Diarrhoea		Rheu- matic Fever		Chorea (Rheu- matic)		Ancylo- stomi- asis		Orni- thosis		Lepto- spiro- sis		Ascar- iasis		Infective Hepatitis			
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.		
Metropolitan Health District	1,857,130	8	1	287	..	29	1	19	..	41	10	6	2	1	..	19	5	4	..	913	153	134	13	35	4	1	..	1,130	17
Hunter River Health District	299,611	1	..	21	..	7	..	3	..	5	4	..	..	1	..	3	..	..	..	263	18	10	8	2	2	..	..	..	..	..	..	..	..	..	1	..	181	3
South Coast Health District	268,660	1	..	42	..	7	1	5	..	9	1	1	..	..	..	3	..	..	..	65	12	14	2	11	1	1	..	..	..	..	..	..	..	..	..	..	396	2
Richmond-Tweed Health District	123,630	..	..	7	..	2	..	2	..	1	..	1	1	..	..	6	..	1	..	34	4	3	..	2	..	..	..	..	..	..	..	..	..	..	..	..	10	..
Mitchell Health District	137,560	..	..	29	..	..	..	6	..	5	1	1	1	..	..	1	..	1	..	37	12	10	1	21	..	..	..	..	..	..	..	..	..	..	..	..	190	1
Broken Hill District	33,320	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	7	2	1	1	..	6	..	..	..	..	..	..	..	..	..	..	..	2	..
Remainder of State	940,586	2	..	98	..	9	1	22	3	36	10	9	4	..	..	14	2	9	..	339	47	40	15	35	..	2	..	..	..	65	..	..	..	..	..	33	..	
Residence Outside the State	..	..	..	1	..	2	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	4	..
Armed Forces	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	15	..
Total, All New South Wales	3,660,497	12	1	485	..	56	3	58	4	97	26	19	8	2	1	46	7	16	..	1,658	248	212	40	106	14	4	..	71	..	..	..	..	10	44	1	2,400	27	

VENEREAL DISEASES ACT, 1918

Reports of the Director, Division of Epidemiology to the Director-General of Public Health, for the years 1953-1957, inclusive

(NOTE : In 1954 the Division of Social Hygiene became the Division of Epidemiology.)

STAFF

In July, 1954, Dr. J. Cooper Booth, M.B., Ch.B. (Edin.) retired as the Director of the Division of Social Hygiene. He was replaced by Dr. H. C. Johnston, M.B., B.S., D.P.H. (Syd.).

GENERAL

In 1954, and on the formation of the Division of Epidemiology, The Division now not only undertook venereal disease work, but an epidemiological section was formed which became responsible for general epidemiological activities, including the recording, compilation and follow-up of notifications received under the Public Health Act. Routine and special reports, on notifiable infectious diseases, were undertaken together with the exchange of epidemiological information within the States and overseas countries. Close liaison was established also with officers of the Vital Statistics Section of the Government Bureau of Statistics and Economics. A monthly epidemiological bulletin was commenced in 1955.

During 1956 some cases were seen, for the first time, of gonorrhoea clinically resistant to customary doses of penicillin.

VENEREAL DISEASES

During the period under review there were 1,328 cases of syphilis (928 males and 400 females) ; and 7,456 cases of gonorrhoea (6,819 males and 637 females). The yearly averages for syphilis and gonorrhoea were 265 and 1,491 respectively.

In 1956, there was an increase, over the 1955 figures, of 187 cases of gonorrhoea in the male, and this increase continued in 1957 ; 461 cases over the 1956 figures. In 1957, gonorrhoea in the female also showed an increase of 63 cases over the 1956 figure. Part of the increased notifications in 1957 were due to the efforts made by the Division in persuading private practitioners to notify their cases.

TABLE I—Showing Annual Attendance Returns at Public Clinics for Treatment of Venereal Disease 1953 to 1957, inclusive

Attendances				New Cases					
Year	Male	Female	Total	Gonorrhoea			Syphilis		
				Male	Female	Total	Male	Female	Total
HEALTH DEPARTMENT CLINIC									
1953	34,716	....	34,717	561	....	561	58	..	58
1954	33,159	..	33,159	670	..	670	77	..	77
1955	35,519	..	35,519	724	..	724	113	..	113
1956	42,775	..	42,775	939	..	939	89	..	89
1957	45,749	..	45,749	1,124	..	1,124	85	..	85
ROYAL PRINCE ALFRED HOSPITAL									
1953	703	225	928	26	1	27	13	11	24
1954	454	89	543	21	1	22	6	5	11
1955	374	75	449	24	1	25	4	7	11
1956	174	66	240	22	2	24	5	18	23
1957	216	35	251	25	3	28	7	5	12
SYDNEY HOSPITAL									
1953	1,288	593	1,881	57	..	57	25	14	39
1954	806	404	1,210	45	1	46	9	7	16
1955	643	250	893	64	3	67	25	10	35
1956	562	164	726	72	1	73	11	2	13
1957	563	140	703	75	4	79	13	6	19
ROYAL ALEXANDRA HOSPITAL FOR CHILDREN									
1953	14	39	53	..	3	3	1	..	1
1954	11	26	37	..	..	..	1	4	5
1955	1	6	7	..	..	..	..	2	2
1956	1	5	6	..	..	..	..	..	..
1957	21	4	25	..	..	..	1	..	1
ROYAL SOUTH SYDNEY HOSPITAL									
1953	34	1	35	5	..	5	2	1	3
1954	..	..	..	4	..	4	..	..	..
1955	1	1	2	..	..	..	..	..	..
1956	2	2	4	2	2	4	..	2	2
1957	12	1	13	2	1	3	..	..	..

TABLE I—Showing Annual Attendance Returns at Public Clinics for Treatment of Venereal Disease 1953 to 1957, inclusive—*continued*

Attendances						New Cases					
Year						Gonorrhoea			Syphilis		
						Male	Female	Total	Male	Female	Total
ROYAL NORTH SHORE HOSPITAL											
1953	..	..	114	334	448	1	..	1	1	4	5
1954	..	..	123	263	386	3	..	3	3	2	5
1955	..	..	143	185	328	3	1	4	2	..	2
1956	..	..	57	104	161	3	..	3	2	2	4
1957	..	..	84	43	127	3	..	3	2	2	4
ROYAL NEWCASTLE HOSPITAL											
1953	..	..	693	327	1,020	47	8	55	13	8	21
1954	..	..	634	236	870	36	1	37	7	7	14
1955	..	..	630	227	857	62	4	66	11	4	15
1956	..	..	695	194	889	66	1	67	10	4	14
1957	..	..	756	216	972	77	3	80	5	4	9
RACHEL FORSTER HOSPITAL FOR WOMEN											
1953	..	..	..	2,215	2,215	..	34	34	..	29	29
1954	..	..	..	2,056	2,056	..	47	47	..	25	25
1955	..	..	..	1,832	1,832	..	71	71	..	15	15
1956	..	..	..	2,138	2,138	..	77	77	..	20	20
1957	..	..	..	1,599	1,599	..	84	84	..	12	12
PARRAMATTA DISTRICT HOSPITAL											
1953	..	..	..	..	..	..	..	..	..	..	..
1954	..	..	..	..	..	..	..	..	..	..	..
1955	..	..	19	12	31	..	..	..	..	..	..
1956	..	..	84	2	86	1	..	1	1	..	1
1957	..	..	70	..	70	..	..	..	..	..	..
ST. GEORGE HOSPITAL, KOGARAH											
1953	..	..	2	20	22	1	..	1	..	..	..
1954	..	..	11	16	27	1	..	1	1	1	2
1955	..	..	14	8	22	1	..	1	..	..	..
1956	..	..	8	8	16	..	..	..	..	..	..
1957	..	..	7	4	11	2	..	2	..	..	..
BALMAIN AND DISTRICT HOSPITAL											
1956	..	..	2	..	2	..	..	..	1	..	..
1957	..	..	1	1	2	..	..	..	..	..	1

The sex ratio for syphilis during the 1953-1957 period was 1.7, 2.26, 3.1, 2.1 and 2.8 males to 1 female.

The sex ratio for gonorrhoea during the same period was 14.2, 10.9, 9.4, 10.9 and 9.8 males to 1 female.

The following table for 1953-1957 shows the percentage of defaulters who remained permanent defaulters, with prosecutions under Section 5 of the Act :—

TABLE 2—DEFAULTERS, DEFAULTERS RESUMING TREATMENT OR REMAINING IN DEFAULT WITH PERCENTAGES AND PROSECUTIONS—1953-1957 INCLUSIVE

Year				Total Defaulters Notified	Resumed Treatment, Died or Left State	Remained in Default	Percentage Remaining in Default	Prosecutions
1953	..	..	..	559	300	259	46.3	217
1954	..	..	..	371	182	189	50.9	158
1955	..	..	..	470	281	189	40.2	222
1956	..	..	..	857	538	319	37.2	358
1957	..	..	..	946	598	348	36.8	484

Pathological work carried out during the five year period is given in the table below :—

TABLE 3—PATHOLOGICAL EXAMINATIONS, 1953-1957, INCLUSIVE

Year			Serological Tests	Smears for Gonococci	Dark-Ground Examinations
1953	..	..	60,209	2,647	190
1954	..	..	63,652	3,375	262
1955	..	..	73,955	4,405	262
1956	..	..	80,134	2,842	302
1957	..	..	73,517	2,788	287

Prophylactic facilities for males were available continuously during the period under review at the clinic in the Division of Epidemiology. The number of cases so treated is given below :—

TABLE 4—PROPHYLACTIC TREATMENT CLINIC—NUMBER OF CASES TREATED 1953-1957 INCLUSIVE

Year				Number of Cases Treated
1953	..	..	..	18,783
1954	..	..	..	17,942
1955	..	..	..	17,682
1956	..	..	..	22,120
1957	..	..	..	23,793
Total	..	..	..	100,320

TABLE 5—NOTIFICATIONS OF VENEREAL DISEASE RECEIVED DURING 1953-1957 INCLUSIVE

Year	1953			1954			1955			1956			1957		
	Male	Fem.	Total	Male	Fem.	Total	Male	Fem.	Total	Male	Fem.	Total	Male	Fem.	Total
Syphilis	201	116	317	177	78	255	209	66	275	164	76	240	177	64	241
Gonorrhoea	1,237	87	1,324	955	87	1,042	1,264	134	1,398	1,451	133	1,584	1,912	196	2,108
Soft Chancre (Chancroid) ..	3	..	3	1	..	1	2	..	2	2	..	2	..	..	7
Gonococcal Pphthalmia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Venereal Warts	88	4	92	104	3	107	112	..	112	101	..	101	120	..	120
Gleet	7	..	7	1	..	1	9	..	9	..	..	..	2	..	2
Lymphogranuloma Venerium ..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..

POLIOMYELITIS VACCINATION CAMPAIGN

Report of the Director for the years 1956-1957

STAFF

Director : Dr. E. S. A. Meyers.

The New South Wales Government agreed in November, 1955, to co-operate with the Commonwealth Government in the vaccination of children against poliomyelitis by the use of the Salk vaccine to be produced at the Commonwealth Serum Laboratories, Melbourne.

It was decided that in New South Wales the Poliomyelitis Vaccination Campaign would be conducted by local authorities on a somewhat similar basis to that of the diphtheria immunisation campaign. The Department of Public Health would be responsible for the general supervision of the campaign and would assist the local authorities in every way possible. Local authorities would be responsible for the setting up of vaccination centres, the provision of staff, including doctors, and the maintenance of all records. As in the case of diphtheria immunisation, it was decided that a small charge would be made for the vaccination. The revenue derived would be retained by local authorities to cover the costs of their campaigns. No charge would be made where the circumstances of the parents or guardians of children were such that hardship would be caused. No Council was expected to suffer any financial loss in connection with any reasonable expenses incurred.

The Department had been informed in the first instance that 169,000 doses of vaccine would be supplied each month to this State for the immunisation of children under the age of 15 years, this being the priority group determined by the Commonwealth Government. The Department subsequently determined that the earliest age at which a child could be given the vaccine was 3 months.

The Department decided to provide a pool of syringes and needles, while the Red Cross Blood Transfusion Service accepted the responsibility for the preparation and sterilization of this equipment.

The campaign was a considerable success, as will be seen from the table below, due to the wholehearted co-operation of various Commonwealth and State Government Departments, voluntary Associations, the Press and Radio.

In 1957 on receipt of information of the notification of a case of poliomyelitis, information was collected relating to the case and forwarded to the Surveillance Committee set up by the Commonwealth Department of Health in Melbourne.

Since the commencement of the campaign, there has been three cases of poliomyelitis occurring in vaccinated children. One child received one injection of the vaccine and the other two children received two injections.

TABLE 1—NUMBER OF POLIOMYELITIS INJECTIONS GIVEN 1956-1957

Type of Injection				1956*	1957	Total
First Injection	..	..	..	464,329	437,999	902,328
Second Injection	..	..	..	360,966	518,661	879,627
Third Injection	..	..	..	..	426,249	426,249
Total	..	..	..	825,295	1,382,909	2,208,204

* Commenced July, 1956.

B. Public Health Administration

REPORT OF THE GOVERNMENT ANALYST, 1953-1957 INCLUSIVE

Staff

Government Analyst : Mr. E. S. Ogg, September, 1954-1957. Dr. H. B. Taylor gave valuable assistance as Government Analyst, until his retirement in 1954.

Deputy Government Analyst : Mr. A. D. Dibby.

In addition the Establishment consisted, variously, of twelve to fourteen Analysts and four Laboratory Assistants, with clerical staff.

General

A total of 124,804 samples were examined in the Chemical Laboratory during the period under review.

The total comprised 83,491 samples examined for the purpose of the administration of the Pure Food Act ; 23,733 samples examined for the Public Services of the State ; and 17,580 Miscellaneous samples. Of the total examined under the Pure Food Act, 10,761 were found to be adulterated or falsely described.

Numerically, milk formed the principal subject of investigation, and of a total of 60,755 samples examined, 2,931 failed to conform to prescribed standards. Milk samples included 24,411 samples collected by Food, Municipal and Shire Inspectors in the Metropolitan Area, 8,814 samples collected in the country districts, and 27,530 samples collected by Inspectors of the Milk Board.

The summarised total number of adulterated samples of milk with percentages of all milk sampled, for the period under review, is given below.

TABLE 1—MILK SAMPLES TESTED, ADULTERATIONS FOUND WITH PERCENTAGES OF ALL SAMPLES 1953-1957 INCLUSIVE

Type of Adulteration	1953		1954		1955		1956		1957	
	Adulter- ated	Per cent.	Adulter- ated	Per cent.	Adulter- ated	Per cent.	Adulter- ated	Per cent.	Adulter- ated	Per cent.
Total Samples Tested	13,729		14,865		11,065		10,772		10,324	
Deficient in Milk Fat	278	2.02	482	3.24	336	3.03	332	3.08	502	4.82
Contained added Water	210	1.52	259	1.74	163	1.47	148	1.37	70	0.67
Deficient in Milk Fat and contained added Water	27	0.19	44	0.29	48	0.43	17	0.15	15	0.14
Total Adulterations	515	3.73	785	5.28*	547	4.94	497	4.61	587	5.63

* One sample contained Strychnine.

Samples Submitted for the Public Service of the State

The samples submitted by Government Departments and Statutory Authorities amounted to 23,733, brief particulars of which are given hereunder :—

- (a) *Subsidised Institutions* requested the examination of 3,347 samples consisting of food, drugs, blood, human hair and nails, urine, stomach washings, medicines and cerebrospinal fluid.
- (b) *Government Stores Department* submitted 2,963 samples for examination including drugs and pharmacopoeial substances, foodstuffs, disinfectants, inks, lubricating oils, paints and soaps.

- (c) *Police Authorities* forwarded 2,001 exhibits for examination in connection with criminal investigations, and Coroners required the examination of exhibits in connection with 7,643 deaths which formed the subject of police investigation.

The principal causes of death by poisoning during the period under review were : Barbiturates 118 ; Arsenic 41 ; Strychnine 36 ; Chloral Hydrate 21 ; Parathion 13 ; Thallium 11 ; and Cyanide 8.

- (d) *State Municipal and Departmental Authorities* submitted 4,033 samples in connection with the supervision of chemical treatment of water supplies, swimming pools, efficiency of sewage installations and the control of the discharge of trade wastes.
- (e) *Industrial Hygiene Authorities* submitted 2,614 samples for examination in connection with claims under the Workers' Compensation Act and the diagnosis of illness due to occupational causes.
- (f) *Miscellaneous Authorities* submitted 1,132 samples for analysis, including drugs, foodstuffs, biological specimens, disinfectants, flock and lubricating oils.

PURE FOOD ACT, 1908—Summarized Report of the Chief Inspector of the Food Inspection Branch covering the years 1953-1957, inclusive

Staff

Chief Food Inspector : Mr. W. J. Madgwick ; Deputy Food Inspector : Mr. J. W. Wing.

Establishment : In 1957, the establishment consisted of one Senior Inspector (Newcastle) ; twelve Inspectors ; and Clerical Staff.

General

In 1956, radio broadcast talks were given to the public on breaches of the Pure Food Act. In the same year and under the Colombo Plan fourteen students and overseas visitors were attached to the Branch. Regulations were gazetted in 1956 making compulsory the installation of glass washing and dish washing machines of a type approved by the Board of Health.

In 1957 an amendment to the " Act " was made during the year, its object being to provide for certain administrative changes to centralise the work of Local Authorities with the Board of Health, and to give magistrates discretionary power to mark licenses of publicans convicted for selling adulterated liquors.

Analyses of Samples of Milk

Number of samples taken from all parts of the State	..	..	..	26,632
Number of samples below standard	..	..	..	1,144
Number of warnings	..	..	..	215
Number of prosecutions	..	..	..	939
Amount of fines and costs	..	..	..	£5,418 0s. 0d.

Food and Drugs other than Milk

Number of samples taken from all parts of the State	..	..	..	35,758
Number of samples below standard	..	..	..	4,431
Number of warnings	..	..	..	657
Number of prosecutions	..	..	..	3,643
Amount of fines and costs	..	..	..	£23,453 0s. 0d.

Food Unfit for Consumption Seized and Destroyed

The seizures comprised 443 tons ; 116,189 tins, bottles and packages of assorted foodstuffs ; 90,089 head of poultry ; 90 gallons of cream and 30 gross of ice-blocks.

Inspection of Premises Used for the Preparation, Sale and Storage of Foodstuffs

Number of premises inspected in all parts of the State	..	..	36,580
Number of prosecutions	..	..	274
Amount of fines and costs	..	..	£4,569 0s. 0d.

General Breaches of the Act and Regulations

Number of Prosecutions	..	..	..	1,617
Amount of fines and costs	..	..	..	£8,744 0s. 0d.

HEALTH INSPECTION BRANCH—REPORT OF THE CHIEF HEALTH INSPECTOR FOR THE YEARS 1953-1957, INCLUSIVE

Staff

Chief Health Inspector : Mr. K. R. Horne.

Deputy Chief Health Inspector : Mr. D. H. Way.

Establishment : In 1957 the Establishment was : Eight Health Inspectors ; two Licensed Surveyors ; and Clerical Staff. (One position of Health Inspector was abolished in 1956.)

General

During 1953-1957, shortage of housing accommodation made it inadvisable to recommend the issue of Closing Orders in other than extreme cases, therefore, only six Closing Order Certificates were recommended during this period.

The number of septic tank and closet plans examined will be found in the summary of the activities of the Branch. A few of these were amended during the period under review.

Surveys were effected and plans, specifications and notices were prepared of several areas of land in various parts of the State which were considered unfit for building purposes.

Under the Dairies Supervision Act, six Shire Councils submitted applications to be appointed Local Authority. This necessitated 150 inspections of premises in these areas during 1953-1954. Later, following a number of conferences convened by the Department of Agriculture at which representatives of the Department of Local Government, the Police Department, the Health Inspection Branch, the Local Government Association and the Shires Association attended, it was decided that the Act be extended under the provisions of Section 295 (2) of the Local Government Act, 1919, to all Shires (113) not yet proclaimed as a Local Authority under the Dairies Supervision Act. Accordingly, the Department of Local Government made application to the Board of Health for its approval to this action. A report was submitted with a recommendation of approval on 13th November, 1956.

At the request of Lord Howe Island Board, a sanitary survey was made in 1954, of Lord Howe Island, and a report submitted to the Board.

In 1954, the carcasses of 16,611 sheep, 781 cattle, 256 horses and 187 pigs were removed from Flemington Saleyards to a knackery for boiling down.

In 1955, the President of the Board of Health approved the installation of seven septic closets, of varying types, for testing as to their suitability for general installation at premises within the State. The sites selected had soils of varying degrees of absorption qualities. Frequent observations were made of this new type of closet, and a Report was finally submitted to the Board of Health in February, 1956, with the result that amendments to Ordinance 44, of the Local Government Act, 1919, were drafted and finally gazetted in August of the same year, and formally approved by the Board of Health.

During 1956 many representations were made by outside bodies and individuals, including the Local Government Association, Shires Association, Institute of Health Surveyors and the Institute of Architects regarding the installation of Single Treatment Septic Tanks in lieu of the full treatment Aerobic Filter type of Septic Tank approved by the Board. A committee was set up in 1957 to investigate this matter.

In 1955, the equipment and apparatus for the Crematory at Oak Farm, Orange was approved (the site and buildings having been approved in 1947 and 1954 respectively). The sites for proposed Crematories at Wollongong and French's Forest were inspected and recommended for approval. Proposed extensions (new buildings and apparatus and equipment) for the existing Northern Suburbs and Beresford Crematories were dealt with and recommended for approval.

A new venture in Picture Theatres was launched early in 1957, namely " Drive In " Theatres. As no legislation covered the degree of closet accommodation at premises of this type, draft Regulations thereon were drafted under the Theatres and Public Halls Act, approved and gazetted.

During the period under review lectures were delivered by members of the Branch during National Health Week, and a Branch display was set up at the Sydney Town Hall in 1954.

An Officer of the Branch represented the Department of Public Health on the following Committees : Cyanide Fumigation ; Country Abattoir Sites ; Standards Association ; and The Town and Country Planning Institute of Australia.

Activities

Summarized below are the main activities of the Branch for the period under review.

TABLE 1—SUMMARY OF MAIN ACTIVITIES HEALTH INSPECTION BRANCH—1953-1957, INCLUSIVE

Category	1953	1954	1955	1956	1957
Routine and General Inspections—					
Sanitary Surveys—					
First Inspection	18	1	3	3	5
Re-inspection	28	7	10	6	10
Buildings Inspected	81	211	204	216	142
Guest and Boarding Houses Inspected	12	1	12	9	12
Shop Premises Inspected	524	147	296	223	150
Hospitals, Institutions and Schools Inspected	90	47	14	46	23
Public Halls and Theatres Inspected	65	28	53	40	36
Hotel Premises Inspected	77	31	69	27	30
Swimming Pools Inspected	5	3	6	2	4
Noxious Trades Inspected	707	689	713	697	688
Flock and Bedding Material—					
Samples taken	34	..	54	33	29
Premises Inspected	57	..	54	34	55
Camps, Showgrounds, Cemeteries Inspected	49	41	55	22	20
Saleyards and proposed sites Inspected	9	12	15	19	15
Scavenging Districts, Sanitary Depots and Garbage Incinerators—					
Proposed Sites—					
Plans scrutinised	12	13	14	16	15
Inspections made	125	59	14	55	36
Proposed sites inspected	77	81	113	65	39
Sanitary Services	6	2	3	1	3
Septic Tanks, Closets and Sewage Treatment Works—					
Plans for Septic Tanks	3,085	4,103	3,208	3,088	3,416
Plans for Septic Closets .. .. .	..	..	..	566	4,330
Proposed sites for above	2,708	3,597	3,140	3,055	3,552
Septic Tanks and Sewage Treatment Works Inspected	110	82	15	12	5
Private and Public Water Supplies—					
Inspections	7	15	13	14	..
Investigations	6	3	..	2	7
Samples taken	63	87	46	36	18
Councils required to appoint Health Inspectors	3	1	1	..	2
Unhealthy Building Land—					
Surveys	128	164	229	147	177
Inspections	300	105	144	295	343
Enquiries	34,471	38,182	38,585	37,741	43,765
Revenue	£8,617	£9,545	£9,646	£435	£10,941
Plans Re-drawn	20	12	7	6	7
Notations	115	179	155	138	136
Searches at Registrar General's and Lands Departments	953	1,238	919	986	850
Rat Infestation—Sydney Wharves and Public Buildings—					
Wharves Inspected	51	15	17	14	4
Buildings Inspected	27	17	23	..	..
Nuisances—Investigations	38	49	48	38	49
Wool Sorting—Inspections	8	4	..	..	3
Infectious Disease Investigations—					
Investigations	4	3	1	..	1
Samples Urine, Blood, Faeces taken	32	9	3	..	2
Samples of Water, Air, Soil and Effluent—					
Water .. .. .	..	..	..	..	1
Air	16	16	12	3	8
Soil	18	..	..	..	..
Effluent	40	36	30	87	78
Legal Proceedings—					
Prosecutions	70	20	24	36	6
Fines and Costs	£470	£186	£279	£295	£164
Visits of Offices of Local Authorities	125	114	103	123	130
River and Beach Pollutions	11	..	..	..	..
Abattoirs, Horse Meat Shops and Knackeries Inspections	95	60	37	91	140
Aborigines Reserves Inspections	7	3	..	..	1
Chemical Closets Tested	4	6	3	8	6
Samples for Microbiological Examination	472	74	..	87	61
Dust Nuisances Investigated	1	..	..	..	..

PRIVATE HOSPITALS ACT, 1908—REPORT ON THE OPERATION OF THE ACT FOR THE PERIOD 1953-1957, INCLUSIVE

Staff

Medical Officer : Dr. A. J. Hope.

Establishment : Four Nursing Sisters.

General

In February of 1954 an Amended Private Hospitals Act was proclaimed having the effect of bringing within its influence Rest-Convalescent Homes. These establishments had flourished often in a haphazard manner, offering services to the public which varied markedly from the grossly sub-standard to the first class. Since the advent of the Act improvement has been impressive.

The Act also provided for a re-classification of private hospitals providing for a greater number of classes.

From the summary of hospitals and bed accommodation below it will be seen that during 1953-1957, there has been an increase of 16 hospitals in the Sydney Area while there was a decrease of eight hospitals in the country areas.

Bed capacity increased, during the period under review, in the Sydney area by 570 while a decrease of 17 occurred in the country areas.

Rest Homes increased by seven in the Sydney area but decreased by three in the country areas during the period 1955-1957.

Bed capacity in Rest Homes during the same period increased by 488 in the Sydney Area but decreased by 28 in the country areas.

TABLE 1—REGISTERED PRIVATE HOSPITALS IN CATEGORIES—NEW SOUTH WALES—1953-1957, INCLUSIVE

Year	Area	MSL	MS	L	MPO	M	PSY	ML	MPOL	MSPO	Total
*1953 ..	Sydney	23	52	20	..	..	..	..	..	..	95
	Country	48	11	18	..	..	..	..	..	..	77
*1954 ..	Sydney	24	56	14	..	..	..	..	..	..	94
	Country	47	12	18	..	..	..	..	..	..	77
1955 ..	Sydney	24	55	14	10	3	1	1	..	..	108
	Country	45	12	18	3	..	..	2	..	..	80
1956 ..	Sydney	21	52	10	18	3	1	1	..	..	106
	Country	36	10	14	5	1	..	2	1	..	69
1957 ..	Sydney	20	42	9	33	4	2	1	..	..	111
	Country	33	8	13	6	1	..	3	4	1	69

M.S.L. = Medical, Surgical and Lying-in.
M.S. = Medical and Surgical.
L. = Lying-in.
M.P.O. = Medical and Post-operative.
M. = Medical.
PSY. = Psychiatric.
M.L. = Medical and Lying-in.
M.P.O.L. = Medical, Post-operative and Lying-in.
M.S.P.O. = Medical, Surgical and Post-operative.
* The Amended Private Hospitals Act (Proclaimed February, 1954) re-classified Private Hospitals which provided for a greater number of classes of Hospital.

TABLE 2—BED CAPACITY IN DIFFERENT CATEGORIES OF PRIVATE HOSPITALS—NEW SOUTH WALES—1953-1957, INCLUSIVE

Year	Area	MSL	MS	L	MPO	M	PSY	ML	MPOL	MSPO	Total
*1953 ..	Sydney	775	1,154	99	..	..	..	..	..	..	2,028
	Country	329	154	114	..	..	..	..	..	..	597
*1954 ..	Sydney	761	1,261	59	..	..	..	..	..	..	2,081
	Country	295	144	114	..	..	..	..	..	..	553
1955 ..	Sydney	766	1,300	59	147	54	12	8	..	..	2,346
	Country	269	164	115	28	..	..	23	..	..	599
1956 ..	Sydney	711	1,227	39	392	3	1	1	..	..	2,372
	Country	240	102	99	48	20	..	12	9	..	530
1957 ..	Sydney	736	1,238	39	457	86	34	8	..	..	2,598
	Country	229	126	96	67	10	..	17	34	1	580

* See note below Table 1.

The position regarding Rest Homes is summarised below :—

TABLE 3—NUMBER OF REST HOMES IN CATEGORIES—1955-1957, INCLUSIVE

Year	Area	Number of Homes				Number of Beds			
		Gen.	After Care	Psy.	Total	Gen.	After Care	Psy.	Total
*1955 ..	Sydney	185	6	2	193	2,907	91	22	3,020
	Country	15	..	..	15	193	..	..	193
1956 ..	Sydney	186	2	2	190	3,222	57	22	3,301
	Country	19	..	..	19	277	..	..	277
1957 ..	Sydney	195	2	3	200	3,416	57	35	3,508
	Country	12	..	..	12	165	..	..	165

* Rest Homes were licensed for the first time under the Amended Private Hospitals Act in 1954.

MEDICO-LEGAL SECTION AND HOSPITAL ADMISSION DEPOT

(a) Report of the Government Medical Officer for Sydney, 1953-1957, inclusive

STAFF

Government Medical Officer—Dr. C. E. Percy.

The Establishment has consisted, during the period under review, of the three to four Medical Officers, an Officer-in-Charge of the Hospital Admission Depot and four Assistants.

ACTIVITIES

The work carried out by this Division comprises—a day and night service for the arranging of admission to metropolitan hospitals ; the arranging of admissions to State Hospitals and Homes ; the arranging of admissions to Convalescent Homes ; the arranging of admissions of country patients to metropolitan and base hospitals ; and the arranging of ambulance transport.

Medical examinations for various Government Departments including visits to various hospitals and the homes of persons too ill to attend for examination.

The medical examination of police recruits, including probationary constables, police cadets and women police, the periodical examination of police cadets and the examination of probationary constables for confirmation of appointment after twelve months' service. The medical examination of members of police force at the daily sick parade at Police Headquarters, including supervision of those on sick leave and the determination of fitness for promotion. Matters relating to the general health and fitness of the Police Force are also dealt with.

The performance of autopsies for the City Coroner. When necessary, country centres are visited in connection with homicide matters. The examination of victims of various types of criminal assaults, and of persons charged in connection with such matters. The giving of evidence in various courts in connection with examinations made for the City Coroner, the Police, and the Reception House.

Vaccinations against Small Pox for members of the public and members of the Police Force, and the issue of International Certificates of Vaccination.

The taking of throat swabbings for children being admitted to various Homes.

Two tables are appended showing figures covering the work for the years 1953-1957.

TABLE 1—HOSPITAL ADMISSIONS—1953-1957, INCLUSIVE

Type of Work	1953	1954	1955	1956	1957
Admissions to Metropolitan Hospitals ..	1,989	2,111	2,131	2,073	1,914
Admissions to State Hospitals and Homes..	3,712	3,438	3,747	4,342	3,814
Admissions to Convalescent Homes ..	746	758	717	853	827
Ambulance Removals	8,124	6,051	9,300	9,738	8,779

TABLE 2—MEDICAL AND MEDICO-LEGAL WORK—1953-1957, INCLUSIVE

Type of Work	1953	1954	1955	1956	1957
Examinations for Government Departments	3,142	2,981	2,648	2,564	2,460
Examination of Police Recruits	1,111	1,070	1,422	1,740	1,795
Examinations of Probationary Constables ..	337	187	187	367	273
Periodic Examinations of Cadets	207	154	155	251	207
Police Sick Report—Daily Average ..	113	138	120	107	113
Examinations—City Coroner	1,731	1,828	1,928	1,988	1,916
Examinations—Criminal Assault Cases ..	130	104	127	153	158
Examinations—Reception House, Darling-hurst	879*	903*	1,680	1,585	707*
Vaccinations	2,219	3,482	4,484	4,427	4,325
International Certificates	3,035†	4,409†	3,910†	4,612†	5,148†
Throat Swabbings	334	284	482	452	563

* The services of the Medical Officer were not required continuously.

† Confirming vaccinations by Private Medical Practitioners.

(b) Report of the Government Medical Officer, Newcastle—1953-1957, inclusive**STAFF**

Government Medical Officer—Dr. C. W. England.

Activities**TABLE 3—MEDICAL AND MEDICO-LEGAL WORK—GOVERNMENT MEDICAL OFFICER, NEWCASTLE, 1953-1957, INCLUSIVE**

Type of Work	1953	1954	1955	1956	1957
Medical Work—Examination of persons for appointment to and fitness to continue in, the Public Service for State Government Departments and also for various allied bodies	190	244	274	269	253
Examinations of returned soldier applicants for travelling concessions	103	84	100	99	97
Attendance at Reception House, Newcastle, in connection with the examination and certification of insane patients	311	363	415	381	390
The G.M.O. is a medical referee and member of the local Medical Board for the Workers' Compensation Commission	35	39	51	95	56
Medico-legal Work—The performance of autopsies at the request of the District Coroner in cases of homicide, suicide and violent and uncertified deaths	274	285	281	330	285
The examinations of persons at the request of the Police Department in cases of rape, assault, etc.	49	28	30	23	28

HEALTH EDUCATION AND PROPAGANDA—REPORT FOR THE YEARS 1953-1957, INCLUSIVE**General**

The special votes for Health Propaganda during 1953-1957 were £17,500 ; £17,500 ; £15,000 ; £15,000 ; and £12,000 respectively.

Press Publicity

During the period under review paid press advertising was resumed after a period of seven years and was used almost entirely in connection with Tuberculosis Surveys in Sydney and suburbs and certain country areas and Diphtheria Immunization Programmes. Considerable free space was again given to the Department of Public Health by many newspapers in the State, particularly during Health Week.

Radio Advertising

Paid broadcasts on tuberculosis were also used extensively. Broadcasting stations were most helpful in publicising activities of the Department and National Health Week.

In 1956 all radio stations were supplied with two articles each week for broadcasting and members of the Department gave broadcasts on a wide variety of subjects.

Television

This medium, which is considered to be by far the most effective instrument for publicity purposes is, regretfully, because of the high cost of advertising, beyond the reach of the Branch. On occasions offers are made by the three Television channels for a departmental officer to speak on a specific subject and these offers are invariably accepted.

Poster and Sticker Display

Contracts were renewed for the display of posters and stickers. The Department of Railways and Government Transport arranged for a free display of posters and cards in addition to those covered by contract. A particularly valuable site was rented for three months for the display of a 24-sheet poster.

In 1956 pamphlets and posters were distributed widely to Shire and Municipal Councils, schools, Baby Health Centres, industrial and commercial organizations and social and service groups.

In this fashion the following pamphlets, posters and booklets were distributed during 1953-1957.

TABLE 1

Article Distributed	1953	1954	1955	1956	1957
Booklets	190,605	170,200	25,406	12,064	71,990
Pamphlets	187,006	185,206	214,948	141,175	287,218
Posters	19,500	17,299	12,884	20,170	29,500

Buses and Trains

In 1953, a contract was arranged with the Department of Government Transport for advertising on the exterior of three Government and seven private buses. In 1956, and again in 1957, the Section displayed material relating to personal hygiene, first aid measures, tuberculosis, poliomyelitis vaccination and immunization, at a cost of over £3,000, generally.

Stands were used in Sydney Town Hall, in connection with Health Exhibitions, and during 1953-1957, the Section displayed “Tuberculosis”, “Safety Displays”, “Activities of the Health Department”, “Nutrition”, “Diphtheria Immunization”, “Carry the Torch—For Health”, and “Help Yourself to Health”.

It was estimated 100,000 persons visited these exhibitions yearly.

Films

During the Health Exhibitions 1953-1957, a special theatrette was used for health films.

In 1956, the mobile film unit provided 129 screenings to various professional, service and occupational groups, and also to Boy Scouts and Girl Guides and social groups including country organizations. The viewing audience numbered 22,057 persons. Film loans totalled 1,165 and these were screened to an audience of 28,711.

In 1957, a new film was made “The Constant Threat”, while the mobile film unit provided 160 screenings to an audience of 18,483. The number of films loaned amounted to 1,319 and these were shown to an audience of 32,161 persons.

Tuberculosis Campaigns

In 1953 special articles and leaflets were provided by the Publicity Section and made available to each of the Centres concerned. Calico signs, theatre slides, (16 mm. and 35 mm.) with appropriate trailers and, in a number of cases, portable display units were provided.

Window Displays

In 1954 and 1955, the Sydney County Council made available, without charge, for two periods of four weeks, one of their large display windows which was used to advertise anti-tuberculosis measures.

Voluntary Organizations

Constant liaison was maintained by the Section, with the many voluntary organizations in the State, which were considered to be an excellent medium through which to disseminate public health propaganda.

Health Campaigns

During 1956, three health campaigns with which the Publicity Section was closely allied were the Chest X-ray Surveys, the Diphtheria Immunization Campaign and the Poliomyelitis Vaccination Campaign.

In 1957 work continued on the Mass Chest X-ray Surveys on Tuberculosis and the Poliomyelitis Vaccination Campaign.

C. Nutrition

REPORT OF THE NUTRITION SECTION 1953-1957, INCLUSIVE

Staff

Dietitians—Three to May, 1956 ; two from May, 1956.

Activities

PUBLICITY MATERIAL

During the period under review articles and radio scripts were prepared each week for metropolitan and country areas. A special article was prepared on food values for newspapers and periodicals. A weekly marketing bulletin on fruit and vegetable prices was also prepared. Publications and leaflets were prepared on “Lunch at School” ; “Children’s Tea Dishes” ; “Diet Hints for Peptic Ulcer Sufferers” ; “Hints for Economy in Meal Planning” ; “Margarine” ; “Food and Nutrition” ; “Diet Hints for Diabetics” ; “Diet in Infectious Hepatitis” ; and “Diet of the Overweight”.

LECTURES AND TALKS

Some of the more important lectures and talks included a series of lectures given to trainee teachers at the Sydney Kindergarten Training College and the Sydney Day Nursery School Association, to trainees of the Karitane Mothercraft Training Centre and a Voluntary Aid Detachment. Talks were also given to Kindergarten Mothers Clubs ; School Council Committees ; the Agricultural Bureaux ; the Diabetic Association ; to the League of Catholic Women ; and to the League of Women Voters.

During Health Week at the Sydney Town Hall an exhibit “Obesity” was attended daily by a dietitian to advise on weight problems.

A practical course in cookery was given to trainees at Lidcombe State Hospital.

PRENATAL CLINICS

Regular attendance was maintained at seven prenatal clinics during 1953-1954 and this was increased to ten in 1955.

ENQUIRIES

A large number of enquiries by telephone, letter and interview regarding food values, relative values and costs and methods of cooking were dealt with, and detailed individual diets were supplied to enquirers who had been prescribed special diets by their own physicians.

OTHER WORK

The secretarial work of the New South Wales State Nutrition Committee and the New South Wales Institute of Dietitians was carried out. The ration scale for issue to indigent, old or infirm aborigines was revised at the request of the Chief Secretary’s Department. A low cost budget guide was prepared. The diet section of “Healthy Motherhood” was revised.

D. Division of Maternal and Baby Welfare

REPORT OF THE DIRECTOR FOR THE YEARS 1953-1957, INCLUSIVE

Staff

Director : Dr. G. J. Cuthbert-Browne.

Deputy Director : Dr. E. M. Puleston-Jones.

Establishment : Five Medical Officers ; three Nurse Inspectors ; and Clerical Staff.

Part I—General

The work of the Division is primarily that associated with Maternal and Baby Welfare, but the Division, during the period under review, and, stated briefly, also carried out the following : Food relief arrangements by the preparation of Food Schedules for the Department of Labour and Industry

and Social Welfare ; liaison with the Child Welfare Department regarding Child Welfare problems, particularly infant feeding, the reporting of cases of rickets seen and unsatisfactory family situations ; instruction to fifth year medical students on the feeding and management of healthy babies ; and visits to premature babies in their homes.

Part II—Maternal Welfare

Prenatal Clinics were conducted, by Medical Officers of the Division, at Baby Health Centres in the outlying suburbs of Sydney in co-operation with the Staff of the Royal Hospital for Women ; the Women's Hospital, Crown Street ; the Royal North Shore Hospital, Sydney ; and Dietitians from the Nutrition Section of the Public Health Department. During 1957 there were twelve clinics of this nature in operation, and attendances have increased significantly during the period under review. Before attending these Clinics, expectant mothers must be "booked" at one of the Public Maternity Hospitals, or be referred by their own medical practitioner.

The number attending the Clinics, 1953-1957, is summarised below :—

TABLE I—ATTENDANCES AT PRENATAL CLINICS, 1953-1957, INCLUSIVE

Year	Primiparae First Visit	Multiparae First Visit	Reattendances Primiparae and Multiparae	Post-Natal	Total	No. of Sessions
1953	712	2,253	23,828	945	27,738	913
1954	725	2,201	22,056	758	25,740	1,045
1955	696	2,282	22,861	736	26,575	1,056
1956* .. ..	..	..	..	..	22,310	909
1957* .. ..	..	..	..	..	17,849	797

* Not available.

Special Medical Committee Investigating Maternal Mortality—The Special Medical Committee Investigating Maternal Mortality in the Metropolitan Area, included the Director-General of Public Health, the Professor of Obstetrics at the University of Sydney, the Emeritus Professor of Obstetrics, University College Hospital, University of London, the senior Honorary Medical Officers of the Royal Hospital for Women, and the Women's Hospital, Crown Street, a General Practitioner appointed by the New South Wales Branch of the British Medical Association, and the Director of Maternal and Baby Welfare, the latter was the Medical Secretary of the Committee. In 1954, alternatives for various members of the Committee were appointed. The co-operation of the Medical Superintendents of the Metropolitan Obstetric Hospitals and Medical Practitioners in private practice was greatly appreciated by the Committee during the period under review.

In 1954 the extension of the Committee's investigations to the remainder of the State was approved by the Minister for Health. Prior to this, the field of investigation included only Sydney and the Hunter River and South Coast Health Districts.

Two country surveys were carried out in 1955, consisting of a survey of the facilities and services for the care of the aboriginal expectant mothers, and a survey of the facilities existing for obtaining blood tests during pregnancy.

During 1957 consideration was given to the general planning of maternity units and nursery accommodation.

Free Consultant Service—One of the benefits available under the Scheme for the reduction of Maternal Mortality was a free obstetric consultant service for mothers in the Metropolitan Area whose financial circumstances would otherwise have rendered this safeguard impracticable. The service was available both during pregnancy and at the time of confinement, and was provided by a number of obstetric consultants who have agreed to accept a reduced fee which was paid by the Department of Public Health.

Metropolitan Blood Transfusion Service—This was a Mobile Service which was available day and night to mothers in the Metropolitan Area, and provided for the administration of a blood transfusion at the bedside of any obstetric patient with the minimum of delay. Five of these units were held at major obstetric hospitals. The service is made possible by the co-operation of these hospitals and the Red Cross Blood Transfusion Service.

Arrangements were also made in 1953 with twenty-one Hospitals throughout the suburbs for serum to be available on demand, thus providing an additional safeguard pending the arrival of the transfusion unit.

The number of doctors using the service, 1953-1957, was 14; 17; 6; 10; 6, respectively. It can be assumed that the reduction in the number of cases requiring transfusion is in some measure due to a better standard of obstetric practice, following the official statement, repeatedly circulated, to all Medical Practitioners on the correct management of the third stage of confinement.

Immune Rubella Serum—The Red Cross Transfusion Service has continued, during 1953-1957, to make available supplies of immune rubella serum to medical practitioners for the protection of expectant mothers who have been exposed to rubella infection, and have not previously had this infection.

Shortage of supply of this serum in 1957 necessitated the serum being reserved for those mothers who came in contact with a case of this infection during the first sixteen weeks of their pregnancy.

Physiotherapy in Pregnancy and the Puerperium—Physiotherapy, accepted as part of the educational programme for expectant mothers, contributed considerably to the well being of mothers during their pregnancies, confinements and the puerperium. In the new edition of the booklet “Healthy Motherhood”, re-produced in 1954 and revised in 1957, a selection of approved exercises for expectant mothers was set out with illustrations. Detailed instructions on the care of the abdominal wall and the principles of relaxation were also given. The film, in sound and colour, “Physiotherapy in Obstetrics” was much in demand. Post-natal exercises are a routine procedure at almost all metropolitan obstetric hospitals.

The Control of Puerperal Infection took up much time of the Division in an attempt to prevent the spread of puerperal sepsis, and so protect mothers after the birth of their babies from cross infection which might prove fatal. Control was effected by the administration of ; (i) The Nurses’ Registration Act. This Act makes provision for all obstetric Nurses to notify any case of puerperal pyrexia occurring in their practice, and prohibits a nurse from attending any other case while attending a patient with puerperal infection as well as examining her methods in the management of her cases ; (ii) by administration of the Public Health Act, under which puerperal infection is a notifiable disease ; and (iii) the Private Hospitals Act.

The Regulations under these various Acts provided safeguards designed to prevent the occurrence of puerperal sepsis. Each case of infection occurring was investigated by bacteriological examination, further action being determined by the results of such examination. The dual object was to protect all maternity patients from the danger of infection, and to avoid any delay or difficulty in nursing and medical supervision.

CONTROL OF NEONATAL INFECTIONS

During the period under review, small epidemics of staphylococcal infection of the new-born arose in many isolated areas in the State. Medical Officers of the Division were directed to hospitals, both metropolitan and country, to assist in clearing up these epidemics by advising on general hospital routines, and to give advice on bacteriological measures to exclude contacts.

DEPARTMENTAL BOOKLET

The Departmental free booklet “Healthy Motherhood” is used by all Metropolitan and country obstetric hospitals, and by the majority of obstetric specialists and general practitioners. Some 50,000 copies are printed annually. Its chief aim is to raise the standard of prenatal care by encouraging the mother to co-operate with the doctor, hospital or clinic by following implicitly the instructions given, by attending regularly and by paying particular attention to diet during pregnancy.

MATERNAL WELFARE—STATISTICS

TABLE 2—NUMBER OF LIVE AND STILL BIRTHS WITH RATES, 1953-1957, INCLUSIVE

Year	Total Births Live and Still (Combined)	Live Births		Still-births	
		Number	Rate per 1,000 of Mean Population	Number	Rate per 1,000 Total Births Live and Still (Combined)
1953	76,146	74,890	22.11	1,256	16.49
1954	74,332	73,125	21.33	1,207	16.24
1955	75,650	74,407	21.31	1,243	16.43
1956	76,987	75,714	21.29	1,273	16.54
1957	80,738	79,456	21.93	1,282	15.88

The number of live births with deaths due to puerperal infection and criminal abortion for the years 1953-1957 are given below.

TABLE 3—LIVE BIRTHS AND MATERNAL DEATHS—TOTALS AND RATES, 1953-1957, INCLUSIVE

Year	Live Births	Deaths— Puerperal Causes	Rates per 1,000 Live Births excluding Criminal Abortion	Deaths due to Criminal Abortion	Total Deaths	Rates per 1,000 Live Births including Criminal Abortion
1953	74,890	42	0.56	6	48	0.64
1954	73,125	43	0.59	6	49	0.67
1955	74,407	44	0.59	11	55	0.74
1956	75,714	48	0.64	10	58	0.77
1957	79,456	56	0.71	8	64	0.81

TABLE 4—CLASSIFICATION OF DEATHS DUE TO PUERPERAL CAUSES, 1953-1957, INCLUSIVE

Cause of Death	1953	1954	1955	1956	1957
Toxaemia of Pregnancy	12	8	7	9	12
Ectopic Pregnancy	3	2	5	4	1
Other complications of Pregnancy	2	5	..	3	6
Abortion (excluding criminal)	3	7	6	1	5
Delivery with specified complications	13	14	12	17	22
Puerperal urinary infection without other sepsis .. .. .	..	..	..	..	..
Sepsis of childbirth and the puerperium	1	1	2	6	..
Puerperal Phlebitis and Thrombosis	1	..	2	..	1
Other and unspecified complications of the Puerperium	4	4	4	6	4
Total excluding Criminal Abortion	42	43	44	48	56
Criminal Abortion	6	6	11	10	8
Total	48	49	55	58	64

Part III—Infant Welfare

Baby Health Centres variously numbered from 303 in 1953, to 343 in 1957. At the end of 1957 there were 105 in the Metropolitan Area, and 238 in the country.

These Centres make available, to mothers, advice and encouragement in the care of their babies and themselves. This adds to their confidence and security, and is available to all mothers free of charge.

The Department of Public Health provides the staff for such Centres, and 75 per cent of erection or acquisition costs, exclusive of the cost of the site, and 75 per cent of the cost of the necessary equipment. Alternatively if the provision of a new building is impracticable, the Department refunds 37½ per cent of the cost of rental of suitable premises.

Every effort is made to encourage the attendance of the aboriginal mother at the Centres, and whenever possible a visiting service to Aboriginal Settlements, at reserves, is arranged.

The Baby Health Centre Staff has increased from 135 Sisters in 1953 to 180 Sisters in 1957.

Translations of relevant questions and diet instructions in Czechoslovakian, Dutch, Estonian, French, German, Hungarian, Italian, Maltese and Polish languages have been made to assist new migrants with language difficulties at the Centres.

Publications—The booklet “Our Babies”, first published in 1931, has been issued through the Baby Health Centres to nearly one million mothers.

Attendances at the Centres, 1953-1957, are given in the table below.

TABLE 5

Year	Individual Attendances	Total Attendances
1953	106,813	1,100,709
1954	104,906	1,063,357
1955	104,680	1,032,852
1956	n.a.	1,010,404
1957	n.a.	1,041,273

n.a.—Not available.

Statistics stating the cause of death of children under one year, and the Infant Mortality, for the period under review, are given in the section dealing with Vital Statistics.

Paediatric Sessions at nine Baby Health Centres were held fortnightly. Cases were selected by the Sisters from amongst the babies attending the Centre who would ordinarily have been sent to a public hospital. Advice is given to mothers on nutrition, feeding problems, behaviour problems and management.

The number of cases seen during 1953-1957 were—1,012 ; 1,465 ; 1,674 ; 1,483 ; and 1,600 respectively.

Anaemia and gastro-intestinal complaints formed the largest group of cases seen.

Part IV—Preschool Health Services

As in previous years, a health service was provided by the Medical Officers of the Division for Preschool Centres. These were conducted by the Kindergarten Union and the Sydney Day Nursery and Nursery Schools Association. In addition, the Bathurst Nursery School was visited by the Medical Officer for Health for the Mitchell Health District.

The aim of the service is to improve the physical and mental health of the children by early detection of any deviation from the normal. This is achieved by regular physical examinations, interviews with parents and teachers and encouragement in seeking early treatment of any deviation found.

In addition, immunization procedures, the dental health of the children and nutritional standards were carried out or assessed.

The number of children examined, at the Preschool Centres, during 1953-1957 was, 1,930 ; 1,869 ; 1,873 ; 3,858 ; and 3,854 respectively.

E. Tuberculosis Division

Report of the Director for the years 1953-1957 inclusive

Staff

Director : Dr. Marshall Andrew, M.B., Ch.M.

Deputy Director ; Dr. K. Harris, M.B., Ch.M., 1953-1955.

Senior Medical Officer : Dr. Grattan-Smith, M.B., B.S., D.P.H., 1956-1957.

In 1953 and 1954, expansion of activities of the Division necessitated staff increases. During the two years, forty-three new members were recruited including three medical officers, two radiologists two radiographers, eleven nursing sisters (domiciliary) and six nursing sisters (epidemiology).

Deaths and Notifications

The following table gives the morbidity and mortality rates over the period under review :—

TABLE I—TUBERCULOSIS—NUMBER OF CASES AND DEATHS WITH RATES 1953-1957, INCLUSIVE

Year	Cases		Deaths	
	Number	Rate*	Number	Rate*
1953	1,896	5.60	480	1.41
1954	2,156	6.22	348	1.01
1955	1,901	5.39	248	0.71
1956	1,702	4.74	325	0.91
1957	1,649	4.50	248	0.68

* Per 10,000 of mean population.

In 1954 the compilation of notification statistics was placed on a more satisfactory basis, and the stage and form of the disease was stated in the Annual Reports of the Division from this year onwards. These statistics are given below :—

TABLE 2—NUMBER OF NEW CASES OF TUBERCULOSIS IN VARIOUS STAGES AND FORMS OF THE DISEASE 1954-1957 INCLUSIVE

Form and/or Stage of Disease	1954		1955		1956		1957	
	Number	Per cent of Total	Number	Per cent of Total	Number	Per cent of Total	Number	Per cent of Total
Pulmonary—								
Minimal	764	35.44	617	32.32	562	33.02	437	26.50
Moderately advanced ..	978	45.36	739	38.71	791	46.47	911	55.25
Far advanced	254	11.78	221	11.58	156	9.17	144	8.73
Not stated	42	1.94	135	7.07	25	1.47	..	..
Extra Pulmonary	48	2.23	50	2.62	50	2.94	44	2.67
Death Certificate*	70	3.25	147	7.70	118	6.93	113	6.85
Total	2,156	100.00	1,909	100.00	1,702	100.00	1,649	100.00

* “ Death certificate ” notifications represent cases which had not been notified prior to death.

During 1954-1957 advanced pulmonary lesions were more numerous than minimal lesions, and accounted for more than 50 per cent of all cases notified.

Mass chest X-rays were responsible for finding the greater proportion of minimal and moderately advanced cases.

In 1957 there was a sharp rise in the number of pulmonary cases classified as moderately advanced.

Chest X-ray Centre

In 1953 the Centre was transferred to new premises in George Street, Sydney, and a Survey Officer was appointed. In the same year a mobile X-ray unit and caravan was acquired.

During 1954, X-ray surveys were carried out on a compulsory basis, and major surveys were carried out in thirteen municipalities. In 1955 mobile units were converted into caravan units which increased the volume of work of the Division.

Up to the end of 1957 nearly 3,150,000 X-rays were taken during compulsory community wide X-ray surveys by the Anti-Tuberculosis Association of New South Wales and the Division of Tuberculosis.

The table below gives the results of micro-films taken by the Division's X-ray units during the period under review.

TABLE 3—MICRO-FILMS TAKEN WITH PERCENTAGE FINDINGS 1953-1957, INCLUSIVE

Finding	1953		1954		1955		1956		1957	
	Number of Films	Percentage of Finding	Number of Films	Percentage of Finding	Number of Films	Percentage of Finding	Number of Films	Percentage of Finding	Number of Films	Percentage of Finding
Normal	121,919	96.28	236,827	95.21	420,633	95.96	327,447	97.03	212,049	97.03
Technical Fault	173	0.14	2,531	1.02	6,316	1.44	2,147	0.56	1,413	0.56
Probable Abnormality*	4,538	3.58	9,371	3.77	11,391	2.60	9,256	2.41	4,220	2.41

* Not all probable abnormalities were re-examined.

Epidemiology Section

Staff increases in 1953 permitted a larger programme of Mantoux testing and B.C.G. vaccination to be carried out, and 496 schools were visited. Mantoux tests and vaccination of school leaving groups and National Service Trainees were also performed. It was found that Sydney had a lower positive reactor rate than other cities of the State and the coastal areas. It was thought this was due to exposure to contact with bovine tuberculosis in cattle outside Sydney. No case of glandular breakdown or any complication occurred in school children, although three cases occurred in National Service Trainees.

In 1954, an attempt was made to obtain some “ conversion rate ” figures on the children who had received B.C.G. vaccine. In the same year freeze-dried vaccine was used exclusively.

During 1955 field surveys covered many country areas and municipalities. The positive reactor rate ranged between two per cent and six per cent in the country areas, and with the exception of dairying areas the Mantoux rate was now found to have approximately the same range in both city and country areas. The conversion rate in 1955 ranged between 83.45 per cent and 100 per cent in two trials.

In 1956, on account of the Poliomyelitis Vaccination Campaign, B.C.G. vaccination was limited to National Service Trainees, contacts, those at risk and aborigines. In all cases, where possible, aborigines were Mantoux tested, the average rate being invariably high (34.2 per cent). During the year Dr. Seddon carried out investigations, on behalf of the Department of Public Health, at Glenfield Veterinary Research Station on the incidence of Bovine Infection in Humans. In all 1,083 cultures were received ; 834 were classifiable ; 145 were not classified (dried out) ; 14 were not tubercle bacilli and the remaining 675 were tubercle bacilli, all of the human type. None were of the bovine type. A further twenty-seven cultures from tuberculous material were also of the human type. As Dr. Seddon pointed out, it could not be assumed from the investigations that the incidence of bovine infection was non-existent because the specimens came from milk controlled areas, from persons with pulmonary disease in which the incidence of bovine infection is notoriously rare, and also because the specimens from extra pulmonary lesions, where the bovine type could be suspected were either too few, or, in the case of country specimens, of an unsatisfactory nature. He thought though that the infection in some fourteen non-pulmonary tuberculous lesions in children (two from tuberculous meningitis, two from cervical adenitis and three from glands), being all of human type, was of some significance.

The following table details the work carried out by the Epidemiological Section during 1953-1957 :—

TABLE 4—NUMBER OF MANTOUX TESTS AND B.C.G. VACCINATION 1953-1957, INCLUSIVE

Year	Number Tested	Number Vaccinated
1953	91,611	23,383
1954	128,931	41,803
1955	109,859	15,239
1956	121,304	12,174
1957	53,068	1,943*
Total ..	504,773	94,542

* On account of the Poliomyelitis Vaccination Campaign, B.C.G. vaccination was limited to National Service Trainees, contacts, those at risk and aborigines.

Domiciliary Care

In 1953, at a conference between representatives of the Division and of the District Nursing Association, it was decided that the Division should gradually assume the whole of the responsibility of domiciliary care of the tuberculous. In 1954 eleven additional Nursing Sisters were added to the domiciliary section of the Division. The major work of these Nursing Sisters was the giving of injections of Streptomycin, pre-operative and post-operative care, advice on hygiene in the home, and the minimising of infectivity.

During 1956, many of the patients visited were placed on P.A.S. and I.N.H. treatment, and in 1957 the number of patients requiring Streptomycin steadily diminished.

The table below enumerates the number of patients visited by the Nursing Sisters of the Division, and the number of visits paid :—

TABLE 5—NUMBER OF PATIENTS VISITED AND NUMBER OF VISITS, 1953-1957, INCLUSIVE

Year	Patients Visited	Number of Visits
1953	117	7,890
1954	321	16,947
1955	506*	46,105
1956	390*	37,003
1957	319*	31,931
Total ..	1,653	139,876

* Average monthly figure.

Tuberculosis Allowances

The number of patients receiving tuberculosis allowances during the period under review is set out in the table below :—

TABLE 6—TUBERCULOSIS ALLOWANCES, 1953-1957, INCLUSIVE

Year				Number of Persons
1953	..	..	..	2,253
1954	..	..	..	2,537
1955	..	..	..	1,878
1956	..	..	..	1,503
1957	..	..	..	1,119
Total	..	..	..	9,290

Tuberculosis Hospitals and Sanatoria

In the 1957 Report of the Division, hospital and sanatoria statistics were given as under for 1957 :—

Total number of beds	1,693
Number of patients discharged	4,747
Number of patients died	256
Number of patients admitted	4,723
Occupied bed days	476,985
Daily average number occupied beds	1,276.90
Average duration of stay (days)	125

F. Industrial Hygiene

REPORT OF THE DIRECTOR OF THE DIVISION FOR 1953-1957, INCLUSIVE

Introduction

During 1953-1957, the Division of Industrial Hygiene undertook the investigation of diseases arising from work, especially in factories and mines. Employees, in a variety of industries, were examined by members of the Staff, if they claimed to have been exposed to industrial hazards. Use was made in these examinations of X-rays, pathological and chemical procedures and, where it was thought necessary, specialist advice was sought for such conditions as skin diseases and chest complaints.

Lectures and demonstrations were given by members of the Staff to medical men carrying out post-graduate studies, to factory inspectors, University graduates in engineering and to colliery officials studying for higher certificates.

Supervision of the ventilation of theatres, visits to the industrial centres of Newcastle and Wollongong, the practical use of insecticides in the field and in the home, atmospheric pollution, and the close relationship that has now been established between the Division and Industry, with concomitant enquiries, have occupied much of the Staff's time during the period under review.

Close liaison with the Department of Labour and Industry and Social Welfare continued and developed. Visits were made by the Director of the Division to District Inspectors of factories in the metropolitan area and country, in order to obtain an overall picture of industrial conditions in all parts of the State.

Particular attention was paid to lead, benzol, asbestos and sand-blasting hazards, while scaffolding and lifts and the safety requirements of men working in confined spaces had the Division's attention.

Liaison also continued to develop with the Mines Department and the Joint Coal Board concerning dust exposure in coal and metalliferous mines, quarries, crushers and other plants coming under their control.

At regular intervals medical examinations were carried out on divers, caisson workers, pest control operators, radiographers and persons exposed to radioactive substances.

The report below will not cover in detail the laboratory and field investigations carried out, but a summary has been made of the more important enquiries undertaken.

Staff

Dr. C. J. Cummins, the Director of the Division was promoted to Deputy Director-General of the Department of Public Health in 1952. In October, 1953, Dr. C. G. Roberts assumed duty as Director until his untimely death in September, 1954. Since it was expected that some little time was likely to elapse before the position of Director could again be filled, approval was given for the Chief Scientific Officer, Mr. H. E. G. Raynor, to be responsible for many of the duties usually assigned to the Director. In January, 1956, Dr. A. Bell commenced duties as Director of the Division.

Establishment :—At the end of 1957, the establishment consisted of one Medical Officer ; one Senior Scientific Officer ; four Scientific Officers ; one Laboratory Assistant ; one Laboratory Attendant ; and Clerical Staff.

Activities

A summary of the routine work of the Division is shown in the table below :—

TABLE I—ACTIVITIES OF THE DIVISION OF INDUSTRIAL HYGIENE, 1953-1957, INCLUSIVE

Activity	1953	1954	1955	1956	1957
Number of patients examined	1,010	998	782	1,129	2,080
Number of Silicosis examinations .. ..	..	212	189	413	515
X-rays in connection with Pulmonary Chest Disease	308	288	136	128	394
Cases referred to consultants*	Not known	75	113	53	34
Blood slides examined for lead poisoning† ..	5,129	4,837	4,561	4,651	5,594
Number of pathological tests (blood, urine, sputa, skin scrapings, etc.)	Not known	Not known	Not known	3,444	3,837
Inspections:					
(a) Industrial	267	210	337	512	508
Man hours in field	Not known	Not known	Not known	1,501	1,956
(b) Atmospheric Pollution	Not known	60	41	185	199
Man hours in field	Not known	250	469	589	650
(c) Theatres and Public Halls	16	10	5	5	5

* Majority referred to a Dermatologist for an opinion as to whether or not lesions were occupational in origin.

† The slides were submitted by medical officers employed by electric accumulator battery manufacturers and other factories.

Metallic Dusts

LEAD

Of all the hazards dealt with by the Division it seems probable that lead poisoning is the one least likely to escape the Division's notice on account of routine medical examinations of employees in industries where lead poisoning is a possible hazard of occupation.

During the period under review, 1,133 employees were examined, and 107 were found to be suffering from lead poisoning.

The following table sets out the number of cases of lead poisoning, and the industry responsible :

TABLE 2—CASES OF LEAD POISONING, VARIOUS INDUSTRIES, 1953-1957, INCLUSIVE

Industry	1953	1954	1955	1956	1957
Accumulator Battery Manufacture ..	5	9	9	4	14
Painting	1	2	2	..	..
Smelting of Metals	3	..	..	1	2
Engineering .. ..	..	1	..	..	..
Ceramics	2	1	3	..	..
Pigment Manufacture .. ..	..	3	2	..	..
Glass Manufacture .. ..	..	3	2	..	..
Plumbing .. ..	..	..	1	..	..
Carpentry .. ..	..	..	..	1	..
Spraying Lead .. ..	..	..	..	1	11
Milling Lead .. ..	..	..	..	2	..
Lead Burning .. ..	..	..	..	3	6
Cable Making .. ..	..	..	..	3	..
Copper Smelting .. ..	..	..	..	..	2
Metallising .. ..	..	..	..	..	5
Miscellaneous .. ..	..	..	3	..	..
Total	11	19	22	15	40

ARSENIC

In 1953, an investigation at a large copper smelting plant, where 22 men showed urinary arsenic levels from 0.12 mgm. per litre to 0.9 mgm. per litre, after heavy exposure to arsenic, provided no evidence of arsenical poisoning. In the same year two cases of chronic arsenical poisoning were seen. The first was a white ant exterminator using lead arsenate, the other was a prickly pear sprayer who had used arsenic pentoxide for seven years.

MERCURY

In 1953, a serious mercury hazard was discovered in the process of manufacturing mouldings of mercury-cadmium alloy in the jewellery trade. The mercury in the atmosphere, at the working position, was found to be 1.34 mgm. per cubic metre, the maximum allowable concentration being 0.1 mgm. per cubic metre, and this came from an alloy containing approximately 90 per cent. cadmium and 10 per cent. mercury. The alloy was melted in unventilated electric solder pots situated on the work bench. Employees had been subjected to prolonged exposure.

The symptoms seen were depression, insomnia, transient digestive disturbances, soreness of the mouth, metallic taste in the mouth and excessive salivation. Immediate installation of exhaust ventilation led to a reduction in the mercury in the atmosphere below the maximum allowable concentration level of 0.1 mgm. Other general hygienic measures were also taken.

ANTIMONY

In 1953, investigations were made to determine the degree of dust exposure at an antimony mine, but there was no evidence of undue exposure to dusts of lead or arsenic, but there was evidence of antimony exposure. This was rectified by suitable bagging facilities.

VANADIUM

In 1957, the possibilities of vanadium poisoning occurring as a result of exposure to dust from oil fired furnaces and boilers in a large iron and steel works were investigated, but no health hazard existed.

Cases

CARBON MONOXIDE

Carbon monoxide tests carried out in 1954 in the Snowy Mountains Hydro-Electric Scheme construction tunnels when using mechanical earth moving equipment, revealed that the concentration of carbon monoxide in the general atmosphere of the tunnels was below 100 p.p.m. as required by the tentative regulations of the Department of Labour and Industry and Social Welfare.

In 1956, concentrations of carbon monoxide were estimated in commercial aircraft used for photographic purposes and also the testing area of a large car assembly plant. In both instances concentrations were below the now accepted maximum allowable concentrations in the State of 70 p.p.m.

Further, in 1957, estimations of carbon monoxide concentrations in the holds of ships using diesel equipment were carried out. Two tests were below 50 p.p.m., while one had a reading up to 160 p.p.m., when employees complained of headache and nausea commencing in the late afternoon.

CARBON DIOXIDE

In 1953, three deaths occurred due to exposure of carbon dioxide in the cleansing of vats and tanks.

HYDROGEN SULPHIDE

In 1956, two hairdressers, using permanent wave solutions containing approximately 20 per cent. ammonium hydrosulphide and 80 per cent. fortified ammonia, developed acute conjunctivitis. In the same year, a man collapsed while engaged on demolition work inside a Mauser electro-thermal furnace.

FLUORINE, OZONE AND NITROUS FUMES

During 1957, five investigations concerning alleged hazards from welding fumes were investigated. There were in connection with :—

- (1) Nitrous fumes from electric welding in reasonably well ventilated conditions—no hazard present.
- (2) The concentration of zinc fumes produced while welding stiffening rings onto eighty-four inch pipes which had been externally coated with “Zincolate”. Breathing zone atmospheric concentrations were 2.5 milligrammes/c.m.

- (3) The welding of galvanised-iron panels into "skins" on the floor of a newly erected factory. Both the zinc and iron atmospheric concentrations were well below the accepted upper limits.
- (4) Five men complained of upper respiratory tract irritation as a result of fumes being given off during—
- Semi-automatic welding in an open shop.
 - Hand welding inside 4 ft. 6 in. diameter steel pipes.

Table shows that the standard concentration adopted for fluorine exposure (0.1 mg. per cm. of air) by the U.S. Conference of Governmental Industrial Hygienists—1956, were exceeded in all cases.

TABLE 3—WELDING—STANDARD CONCENTRATION FOR FLUORINE EXPOSURE

Nature of Work	Fluorine mgm. per c.m.
Semi-automatic welding of bulldozer blades with flux from cone—bare electrode. No exhaust ..	0.60
Hand welding inside pipe—coated electrode. No exhaust ..	0.18
Hand welding seam inside pipe—coated electrode. Local exhaust applied	0.15

The provision of local exhaust systems was recommended.

- (5) Argon arc welding of aluminium.

This investigation was undertaken because both employees concerned complained of symptoms compatible with Ozone poisoning. Table shows that in all cases ozone concentrations in excess of the generally accepted standard of 0.1 p.p.m. of air for an eight hour exposure were found. It was considered that each employee would be exposed to welding fumes about five hours per day. Accordingly, it was recommended to the firm that they use either a positive pressure air line respirator, or an efficient local exhaust system.

TABLE 4—WELDING—OZONE AND NITROUS FUME CONCENTRATION

Materials and Method of Welding	Ozone Concentration Parts per Million of Air	Nitrous Fume Concentration part per Million
Welding aluminium clips onto aluminium window frames by hand-held rod and gun ..	.024	Nil found
Stainless Steel—Welding inside tank—automatic process ..	2.0	Nil found
Copper Plate—In open shop manual process—automatic wire feed—through gun ..	0.8	0.7
Aluminium—Inside 2 feet 5 inch diameter pipe—Welding seam—manual process—automatic wire feed ..	0.97	1.4
Aluminium—Outside seam of above pipe. In open workshop same equipment	0.24	0.4

Two employees developed irritation of the eyes and upper respiratory tracts as a result of welding a tank which had previously contained hydrochloric acid.

A survey of "low hydrogen welding" was commenced.

Solvents

CARBON TETRACHLORIDE

In 1957, maintenance work on fire extinguishers containing carbon tetrachloride caused an employee to suffer from sore throat, headache, loss of appetite and nausea. Recommendations concerning the provision of a more extensive local exhaust system were made.

TRICHLORETHYLENE

Two operators in a trichlorethylene degreasing tank complained of symptoms of intermittent tiredness, nausea and giddiness while operating the tank. Tests showed 220 p.p.m. The tank was thoroughly overhauled.

TOLUOL

Six employees were examined who came into contact with toluol during the process of carbon coating of zinc sheets. The employees complained of transient narcotic and irritative symptoms. No abnormality was found, but the firm were asked to provide additional local exhaust ventilation.

Insecticides, Pesticides and Fumigants

In 1954, an operator died and two contracted chronic poisoning from spraying dieldrin. Exposure to the fumes was caused by wearing unsuitable respirators.

In 1956, after a pest exterminator sprayed the wooden foundation beams of a large country clothing factory with a mixture of 12 per cent. dichlorethylether and two per cent. chlordane, 55 employees out of a total of 166 became ill. Initially the illness caused skin and upper respiratory tract irritation, but a week later several employees developed central nervous system symptoms and signs. A further survey of Methyl Bromide operators was also conducted with a view to the licensing of operators. Seven men had upper respiratory tract irritation, while five had skin irritation.

In 1957, one patient was seen with pulmonary oedema subsequent to spraying the underside of his house with chlordane.

Mining and Dust Trades

PNEUMOCONIOSIS

The main project in this field during 1953 was the survey of the asbestos cement industry, while 96 workers employed in dusty trades were also investigated. Eight new cases of pneumoconiosis were diagnosed, while three showed increased lung markings. The potential silicosis hazard of roof bolting in coal mines had the attention of the Division in 1953. The rise in dust was less than 100 particles per c.c., which was satisfactory. Eighty-three workers were examined in 1954, when 12 new cases of pneumoconiosis were diagnosed, while a further 11 showed increased lung markings. Investigations in 1954 also included the examination of 203 workers in a large iron foundry which, in 1944, had had improved conditions introduced. The results were satisfactory. Forty-one employees of a basalt quarry were examined, and working conditions were enquired into. All men working at the Martins Creek Adesite Quarry were X-rayed in 1954. Analyses of the rock revealed 19 per cent. free silica and 45 per cent. combined silica. Only one employee showed early dust disease. The number examined in 1955 was 99, when 13 were found to have pneumoconiosis. No figures are given for 1956, but in 1957, men working at a large foundry were medically examined, and four out of 127 were found to be suffering from silicosis.

Since 1948, one large manufacturer of refractory bricks has had thirteen cases of silicosis in one of his factories. Accordingly, in 1957, arrangements were made to X-ray the chest of those employees who had been working in dusty occupations for more than one year. Three hundred and forty-one men were X-rayed, and those with any abnormality were medically examined. Seven definite cases of silicosis were found—in addition, another twelve had suspicious films, and it was recommended that those employees be kept under observation.

Dust tests were taken in the visibly dusty sections of this works, i.e., the silica fireclay and refractory cement plants. In the first named department, tests were taken during the operation of the edge runners, and during machine and hand-moulding of silica refractories; the results on the whole were satisfactory though high temporary peak concentrations were found. In the second department the following operations were tested—edge runners, shaker screens, in the bunkers and near the Bradley machines. All dust concentrations were within normal limits; this was also the case in the refractory cement section, kiln operations and during the cutting and grinding of the finished fire bricks.

Conditions in certain miscellaneous operations were, on the other hand, unsatisfactory. The processes concerned are listed in Table 5.

TABLE 5—MANUFACTURE REFRACTORY BRICKS—MAXIMUM CONCENTRATION PARTICLES PER C.C.

Location	Maximum Concentration Particles/c.c.
At the Bates Packer	440
Dry sweeping of floors	430
Emptying material from cyclones	1,060
<i>Thermocast Mixing—</i>	
(a) Tipping cement fondu into loading chute	8,700
(b) Tipping fireclay “grog”	1,060
(c) Cleaning of Mixer	2,660

A survey of working conditions of thirty-five bricklayers employed by a large gas works was carried out. Table 6 summarises the counts obtained.

TABLE 6—SURVEY OF WORKING CONDITIONS AT A LARGE GAS WORKS

Scurfers	Dust Concentrations (Owens Dust Counter Used) Particles/c.c.	Free Silica Content (Dust)
1. Tipping of Silica Cement	480	} 80 %
2. Applying Silica Cement slurry in retort	185	
3. Feeding air-borne cement powder into retort house	65	
<i>Fitters—</i>		
While carrying out maintenance work on valves	180	Low
<i>Bricklayers Assistants—</i>		
Flue cleaning	160	Low

The report concluded “. . . dust exposure of these employee groups did not reveal any significant dust hazard. There was some exposure to dust of high free silica content, but this was on a short term basis each day . . .”.

A study was made of the size distributions of air-borne dust in New South Wales Coal and Shale Mines. During 1957, a number of parting powders, in use in various factories, were analysed in order to determine whether or not their use was potentially dangerous from the point of view of silicosis. The Workers' Compensation Silicosis Committee often has to decide whether or not to “levy” a particular industry; for this purpose it is necessary for them to have a scientific opinion concerning the potential dangers from the dust and manufacturing processes in question. Such assessments are made by this Division. Very frequently this work originates as a result of their Medical Board finding a case of silicosis in an employee of a certain industry. The following processes have been inspected from this point of view:—

- (1) The manufacture of insulating mica washers.
- (2) The use of ceramics in the manufacture of spark plugs.
- (3) The operation of a semi-automatic coal fired boiler.

Table 7 summarises the results of the other silica dust tests taken.

TABLE 7—OTHER SILICA DUST TESTS IN INDUSTRY

Type of Industry	Nature of Work	Number of Tests Taken	No. of Counts within Acceptable Limits	Details and Number of Counts above Acceptable Limits
Brickworks	Shale milling and Brick Making	3	3	14 high counts found in feed primary crusher, near secondary crusher in conveyor tunnel, on three floors of screen house under the bins.
Quarry	Crushing and Screening Plant	27	13	
Quarry	Using a Gardner Denver Air Waggon Drill, Primary Crusher, Crushing and Screening House	18	18	..
Bridge Construction ..	(a) Picking and boodling around side of caisson prior to lowering it into position	3	3	..
	(b) In air lock while using a Jack pick	12	..	12
Assay of Ore	Ore Crushing	2	2	..
Colliery	In the intake airway during loading by a Jeffrey Machine	12	10	2
Power Station	Brick Cutting	2	2	..
	Emptying a red hot ash into strip	3	3	..
	While working inside electrostatic precipitator	2	2	..
Wet Sandblasting ..	Abrasive cleaning of steelwork	6	4	865 particles per c.c. at the operator's position; counts twice exceeded out standard of 200 particles for high free silica dust to within 20 feet downwind.
Excavation Work ..	Tunnelling	4	4	..
	Boring with axial water feed ..	2	2	..
Snowy Mountains Hydro-Electric Scheme.	In transformer hall of underground power station ..	6	..	6 abnormally high concentrations appeared to be due to blasting going elsewhere in the working.
Snowy Mountains Hydro-Electric Scheme.	At two rock faces while drilling and a Goodman 504 loader in operation	12	..	12
Snowy Mountains Hydro-Electric Scheme.	Tunnelling four miles in from shaft—while “mucking” in progress	3	..	3
Snowy Mountains Hydro-Electric Scheme.	During tunnelling while Jack picking in progress ..	6	6	..

ASBESTOS DUST

The Division carried out a major survey in 1957 in a large Sydney factory manufacturing a wide range of asbestos products. All employees significantly exposed to dust (99 out of a total labour force of 919), were medically examined and X-rayed. Four moderately advanced, four early and six suspicious cases of asbestosis were detected ; their average exposure in million particles years per cubic foot of air were 78, 60 and 41 respectively. We consider that few cases of early asbestosis are found among persons with a cumulative dust exposure less than twenty-five million particles years per cubic foot and that advanced cases are seldom found amongst those with a cumulative exposure under 100 million particles years per cubic foot.

All dust tests (143) were taken using a midget impinger and from an analysis of the counts over one million (total) particles per cubic foot it was found that on the average, the fibres constituted twenty-eight per cent. of the total particles with a range of from five to eighty-one per cent.

The frequency distributions of the dust concentrations found were as follows :—

TABLE 8—ASBESTOS FACTORY—NUMBER OF TESTS IN CONCENTRATIONS RANGE

Section of Factory	Total No. of Tests	Number of Tests in Concentrations Range (Mill. Part. per Cubic Foot)				
		0—2½	2½—5	5—10	10—20	20
Asbestos Cement	33	18	6	4	5	..
Scrap Reclamation	8	2	1	2	1	2
Insulation	56	19	8	10	5	14
Brake Lining	22	14	3	1	1	3
Friction Dust	4	4	..	..	..	..
Asbestos Gang	20	8	6	1	2	3
Total	143	65	24	18	14	22

The most dusty points of operation were as follows :—Emptying asbestos from bags on to the floor, e.g., mixing batches near pugmills (asbestos cement factory) or crushers (insulation factory) ; forking or shovelling asbestos into pug mills. This occurs in the blow room at the main factory ; raking asbestos (new or reclaimed) and some brake lining mixes, out of blow rooms or blenders ; filling bags with reclaimed fines from a screw conveyor at reclamation plant ; shovelling or emptying into mixers, particularly at the insulation factory. Emptying barrows of asbestos into tide mills at the main factory did not appear to be very dusty ; trimming and splitting insulating blocks ; stacking of bags of asbestos or plastic into piles. The former occurs in asbestos gang work, the latter in the insulation factory ; placing bags of plastic on elevators ; throwing bags of plastic to the floor from high stacks ; and plastic bagging in which high counts appear to have been caused by leakage of air under pressure.

SANDBLASTING

It is frequently assumed that wet sandblasting is free from silicosis hazard. This is not necessarily so. Tests were carried out in 1956 while the hull of a ship was being cleansed in dry dock, and during abrasive treatment of structural steel girders. Breathing zone dust counts amounted to 90-548 particles per c.c. of air while wet sand-blasting steel girders. No positive pressure helmet was being used.

In 1957, the Division, with the co-operation of the Silicosis Committee, ascertained the incidence of silicosis which had occurred in the State from sandblasting. Seventeen cases have been awarded silicosis pensions since 1942, and eleven had died. Twelve of the seventeen had awards for silicosis and tuberculosis. Two cases developed after only one-and-a-half years sandblasting. Consequently in the same year, the New South Wales Department of Labour drafted Regulations “to secure the health and safety of employees in factories in which blasting operations were carried out”.

OTHER DUSTS

One of the major commitments of the Division in this field during 1953 was the Snowy Mountains Hydro-Electric and Irrigation Scheme. At the request of the Industrial Commission, and in co-operation with the Scaffolding and Lifts Branch of the Department of Labour and Industry, inspections and tests of two of the tunnels was made. In most cases conditions were satisfactory, but some shafts were closed until compressed air exhausting was replaced by exhaust ventilation.

In 1954, the Blue Metal Plant at Broken Hill, the Tolbar Limestone Quarry and the newly constructed Pymont B. Power Station were investigated. The first two were found to be satisfactory, but 1,750 particles per c.c. were found in cleaning out the dust bottle bag-shaken compartment in the stock dust collecting plant at the Power Station. Here dust was removed by hand brushing of horizontal surfaces and vacuum cleaning. Complete vacuum cleaning was recommended.

X-Rays and Radioactive Substances

A steady increase in the number of persons exposed to these radiations has occurred. In 1953, no significant blood changes were detected in non-industrial radiographers out of a total of 40 examined.

In 1954, thirty-six industrial radiographers, luminisers and medical radiographers were examined, and normal blood counts were found in each instance.

During 1955, medical examinations numbering 221 were further carried out ; 157 of these were on personnel of the Tuberculosis Division of the Public Health Department ; 33 on industrial workers ; and 31 on luminisers. Three of the employees mentioned first, above, had unsatisfactory white cell counts.

In 1956, three industrial X-ray units were tested. All were satisfactory. A survey of shoe fitting X-ray fluoroscopes was also commenced. A radio-detector used to control the level of molten glass in a tank feeding raw materials to a spinner in the making of fibre glass was tested and found satisfactory.

In April, 1956, two young children found a radioactive Cobalt 60 capsule ; the latter was being used for X-raying some gas pipes near to their homes. C.R., aged four, arrived home carrying the capsule by its chain ; it had been in his possession for approximately 10 minutes. The child probably saw the piece of chain attached to the capsule and dragged the latter from its container as he walked by the pipe. The child's mother also handled the capsule for approximately two minutes. It was not until the latter person met the technician searching for the capsule, did she realise the nature of the object. M.C., aged three, and a playmate of C.R., may also have handled the capsule, for two or three minutes.

Six months prior to this episode, the source had been calibrated at 500 millicuries. By calculation it is thought that C.R. received a maximum dose of 500 R. to his hands. The whole body dose was probably in the region of 20 R. If the source had been held at a distance of one foot from the body, the dosage received in five minutes would have been 0.56 R ; if at a distance of one inch 80 R.

The three people concerned were kept under observation for a long time. The blood findings varied little from the normal.

In 1957, five fluoroscopes and two industrial X-ray machines were tested and found satisfactory. Nine medical X-ray units were tested and six were satisfactory. In the others it was found the radiographer's assistant positioned people carelessly ; a dental X-ray machine had improper shielding ; and two mobile X-ray units showed high levels of radiation in the passageways of the van.

SUSPECTED INGESTION OF STRONTIUM 90

During the year 1957, a young man aged thirty-two was engaged in transporting material and apparatus between two laboratories some distance apart. One of the objects moved was a heavy lead container in which was an inner glass container containing a solution of Strontium 90 in nitric acid. Apparently the cork became loose, and some of the material spilled. The acid attacked the inner brass container and leaked out onto the left hand of the man handling it.

This happened about ten in the morning, but it was not realised that the man's hand might have become contaminated until about three in the afternoon. A count was done, and readings in excess of 20,000 disintegrations per minute were obtained on the ulnar side of the left hand. Because, between the spill of the material and the discovery of the radioactivity on the hand, the man had had a light meal, fears concerning possible ingestion arose. It was estimated that he might have ingested from 100 to 150 microcuries of radioactive material. Decontamination of the hand by repeated washing was easily accomplished, but the possibility that the Strontium 90 had been ingested posed a difficult problem.

It was assumed that the ingested material was present in the quantity mentioned (150 microcuries), and on this assumption it was considered that the material would be present in amounts detectable in the bones, urine and faeces. If the dose absorbed were less than just mentioned, then it might not be so detectable.

Treatment decided on was—a low phosphorous diet, magnesium sulphate and calcium gluconate in addition to the administration of disodium dihydrogen versenate.

This chelating agent was preferred to the more commonly used calcium disodium versenate because of its greater affinity for Strontium. The blood calcium was checked daily as this, like the disodium salt, mobilises calcium.

While this line of treatment was under way, a bone biopsy had been done and an assay carried out ; these tests indicated that the dose ingested was less than at first thought. Some of the bone was sent to Harwell for more accurate assessment, and when the results of this examination were finalised it was found that the dose actually ingested had been negligible.

Atmospheric Pollution

Public anxiety concerning atmospheric pollution became more marked during the period under review and in 1955, a Committee was established by the Minister for Local Government to investigate control measures for pollution.

In the third complete annual survey report by the Division, a steady fall in pollution occurred at the Pymont Power Station, Sydney, while a steady increase occurred in the City of Newcastle. The improvement at the Pymont Power Station was due to the completion of a new section which operates on pulverised fuel boilers, fitted with electrostatic precipitation and stacks of over 350 feet high. These reduced the dust to finer "grit grain" sizes, and the high stack permitted greater dispersion.

The higher results in Newcastle area was largely influenced by pronounced increases in the heavy industrial areas, and in the main city area itself.

The Division continued to carry out investigations of special problems arising from complaints of residents living in the vicinity of pollution sources.

One of the major investigations, in 1956, was carried out at the petroleum chemical plant in Sydney. The major activity of the plant was to produce gas for town use and chemical recovery, except for benzene and toluol, was negligible. The first problem was the discharge of hydrogen sulphide from the purification system which consisted of a generating sodium carbonate scrubbing tower. (See also Surveys and Special Investigations below).

An atmospheric pollution survey commenced in 1953 continued in 1954, and in addition, thirty-three complaints were investigated. Chemical fumes, as distinct from smoke pollution, necessitated many field visits and tests. Two sulphuric acid plants, one in Sydney and one in Port Kembla, caused many complaints due to sulphur dioxide emission. Brickworks and power houses were probably responsible for the bulk of the atmospheric pollution complaints in 1954.

The major activity in the field of air pollution during 1955 was the establishment by the Minister for Local Government of a broad technical Committee to consider various aspects of this problem. This Committee is made up of personnel from Universities, Industry, Government Departments and Local Authorities. A member of the Industrial Hygiene Division represents the Department of Public Health.

At the initial meeting in July, 1955, the Health Department representative was given the responsibility of compiling a report on the nature and extent of the air pollution in New South Wales. This report, largely based on the comprehensive survey instituted by the Division of Industrial Hygiene in 1953, was written during the latter part of the year and discussed the many and varied aspects of this problem, such as the effects of pollution on health and buildings,

The following tables indicate the extent of atmospheric pollution in Sydney and Newcastle :—

TABLE 9—SYDNEY METROPOLITAN AREA—MONTHLY DEPOSITED POLLUTION—TONS PER SQUARE MILE PER MONTH—1956

Location of Stations	Total Solids	Water Soluble Matter	Insoluble Solids	Combustible Matter	Ash
City Area—					
Martin Place	31.5	8.0	23.5	6.3	17.2
Town Hall	21.6	7.9	13.7	4.2	9.5
Central Station Area	34.8	8.4	26.4	8.4	18.0
Pymont	44.5	8.7	35.8	8.3	27.5
Ultimo	30.0	10.4	19.6	5.7	13.9
Potts Point	29.9	9.2	20.7	6.2	14.5
Inner Industrial Suburbs—					
Redfern	21.2	7.9	13.3	4.3	9.0
Rozelle	27.0	5.1	21.9	6.4	15.5
Balmain	24.2	5.9	18.3	7.0	11.3
Paddington	30.8	8.0	22.8	6.0	16.8
Darlington	21.7	7.3	14.4	5.0	9.4
Inner Residential Suburbs (2-4 miles radius)—					
Darling Point	17.7	7.9	9.8	3.2	6.6
Cremorne	15.1	8.5	6.7	2.2	4.4
Annandale	21.5	6.5	15.0	4.7	10.3
Leichhardt	15.7	5.2	10.5	3.5	7.0
Intermediate Residential Suburbs (4-6 miles radius)—					
Rosebery	18.0	6.8	11.2	4.5	6.7

TABLE 10—NEWCASTLE AREA—MEAN DEPOSITED POLLUTION—TONS PER SQUARE MILE PER 28 DAYS—1956

Location of Station	Description	Total Solids	Water Soluble Matter	Insoluble Solids	Carbonaceous Matter	Ash
City Hall	Commercial (Adjacent to sea and rail traffic) ..	38.4	20.0	18.4	6.9	11.5
Central City	As above and also within short distance of Power House	73.4	24.6	48.8	15.5	33.3
Mayfield (Average of four stations).	Industrial Areas adjacent	49.9	16.4	33.5	13.1	20.4
Tighe's Hill	Industrial Areas adjacent	71.1	18.3	52.8	17.2	35.6
Stockton	Industrial Areas adjacent	37.7	15.6	22.1	9.6	12.5
Kotara	Inner Residential Area ..	26.3	12.5	13.8	7.7	6.1
Broadmeadow	Inner Residential Area ..	23.8	9.4	14.4	6.5	7.9
Wallsend	Outer Residential Area ..	13.2	8.9	4.3	3.2	1.1

Surveys and Special Investigations

The Division continued during 1956 to carry out investigations of special problems arising from the complaints of residents living in the vicinity of pollution sources. As in previous years, field studies were co-ordinated with in-plant investigations and, where possible, advice was given to managements on suitable control measures. Although the majority of complaints arose from familiar contaminants, some of more unusual interest were encountered. Generally, in addition to being more numerous, problems showed a tendency towards greater variety than previous years.

One of the major investigations of the year followed the commencement of operations of a petroleum chemical plant in Sydney. So far the major activity of the plant has been to produce gas for town use, and chemical recovery, except for benzene and toluol, has been negligible. The first major pollution problem resulted from the discharge of hydrogen sulphide from the purification system which consisted of a regenerating sodium carbonate scrubbing tower. Although this was solved by burning the hydrogen sulphide, the resultant sulphur dioxide then became troublesome, especially as there was already a considerable discharge of the latter from the burning of high sulphur oils. In addition, odours resembling aromatic hydrocarbons and tars were very noticeable over a wide area ; the general impression was similar to a gasworks only much more accentuated.

Although the plant was located in an industrial area, it was not a great distance from a residential district, but more unfortunately, it was also in very close proximity to a hospital for women, most of whom were aged and infirm. Consequently, particularly in view of the sulphur dioxide, some anxiety was felt for the health of the inmates and urgent representations, followed by legal action, were undertaken by the Department. Sulphur dioxide measurements made by the Thomas Automatic Sulphur Dioxide Recorder indicated results in the region of 1 to 2 parts per million with some peaks of 2.5. Actually no observable ill-effects to health were found, but the nuisance caused by smoke, grit and unpleasant odours were substantial. Continuous noise from the plant was also a problem.

Some progress towards ameliorating certain of the nuisance was made by the end of 1956, but a proper solution for the problem as a whole was far from being achieved. Sulphur dioxide was reduced at ground level by increasing the heights of various points of emission, and certain avenues of escape of aromatics were remedied.

The continued development of alkyd resins in surface coatings has also led to a number of complaints caused by the emission of phthalic anhydride and other phthalates. Affected residents usually complain of respiratory irritation, sometimes leading to asthmatic attacks and nausea. The Division recommended catalytic combustion as the desirable control method in such cases, but to date, no firm has installed the equipment. Water scrubbing has been tried in one case, but without appreciable success.

Fume from galvanising plants has also been a source of constant complaint in a number of cases in the Sydney area, and efforts were made during the year towards finding a solution. The major constituents of the fumes from a galvanising bath are ammonium chloride and ammonia gas ; hence it is both visible and irritating to breathe. At one plant a packed water scrubbing tower was constructed by the management which worked very effectively in removing ammonia gas but, owing to its very fine grain size, the ammonium chloride was not adequately collected. Although it was felt that the more objectionable constituent of the fume had been removed, it was ultimately decided that sufficient amelioration could be achieved by using a higher stack.

LEAD HAZARD OF DUSTERS ENGAGED IN IRON FOUNDRY WORK IN THE DUSTING OF LEAD PORCELAIN ENAMELS ONTO HOT CASTINGS OF BATHS AND SINKS

This potentially dangerous process, which is done with a vibrator, has been in operation for many years. Up to date the dusters have been unwilling to undergo a voluntary medical examination ; unlike many countries, our lead regulations do not require men in contact with lead hazard to be routinely medically examined.

Each duster or assistant usually wears a gamgee tissue mask, largely as a means of protecting the face against the heat of the castings. To compensate for the hot working conditions, the length of the shift is shorter than in other parts of the foundry. The pay is high and the men wished to retain their jobs ; it was for this reason that medical examinations were not wanted, in spite of the fact that shortly before our approach to the firm, a duster's assistant had developed severe lead poisoning.

The affected person was stated to be a heavy drinker, and smoked on the job.

A Greenburg-Smith impinger was used to determine the amount of atmospheric lead at the workers' breathing zones. Of 66 milligrammes of dust collected in the impinger, 2.05 per cent. was soluble lead. This is the equivalent of 0.94 mgm. of lead per cubic metre of air, which is above the recommended maximum allowable concentration of 0.15 mgm. per cubic metre. The majority of the dust visually appeared to be of relatively large particle size, which may not be inhaled into the lungs and consequently is not absorbed. This section of the factory is ventilated by three large exhaust fans set in the roof ; there is no local exhaust system to prevent lead dust contaminating the atmosphere. It was considered that all dusters and assistants should be examined, and the Union Officers were asked to co-operate in this ; this was finally agreed to.

Of the forty men examined, one was diagnosed as lead poisoning, and ten classified as undue lead absorption.

LEAD SURVEY OF 149 RAILWAY WORKSHOP EMPLOYEES

At the request of the Safety Committee of the New South Wales Railways, a survey was made to ascertain the extent of the lead hazard to employees in the Eveleigh Carriage Works, the Loco Works and the Chullora Workshops.

The occupations included plumbers, painters, welders, as well as men working at furnaces for the recovery of lead alloys.

In such investigations the usual procedure is to carry out a clinical examination in addition to haemoglobin estimations, stipple cell counts and urinary porphyrins. Where indicated, differential blood counts and lead in urine estimations are undertaken. In this survey there were no cases of lead poisoning, but three men were found to be absorbing lead in unsafe quantities.

“ Q ” FEVER AND LEPTOSPIROSIS

In 1956, the Division's survey to determine the incidence of “ Q ” Fever and Leptospirosis amongst New South Wales abattoir workers continued. Blood samples (136) were collected from two factories. The complement fixation tests (Kolmer Method) showed titres ranging between 1/64 to 1/16. For leptospiral agglutination lysis tests all sera were tested against the antigens of eight types (Pomona, Hyos, Hebdomadic, Canicola, Australis A, Pyrogenes, Grippotyphosa and Icterohaemorrhagiae). Twenty sera showed antibodies to one or more of the sero types of a dilution of 1/100 or higher.

In 1957, the survey was again continued when 190 blood samples were examined. Positive results were obtained for “ Q ” Fever in four cases, and for leptospirosis in six cases.

Dermatitis

During the period under review, 520 cases of occupational dermatitis were examined, and 155 were diagnosed as due to industry. The industries with the highest incidence of dermatitis were electrical and general engineering, the manufacture of chemicals and the rubber industry.

Published Articles

In 1956 and 1957, the following articles were published :—

1956—The Activities of the Division of Industrial Hygiene ; Noise—A Menace to Health ; Air Pollution and Motor Vehicles ; Pesticides and their Toxicity ; Laboratory Diagnosis with Lead Absorption and Intoxication.

1957—The Air We Breathe ; Lead Regulations ; Two Deaths from Anoxaemia during Construction of a Sewerage Tunnel ; Industrial Nursing, Two Suggestions ; Industrial Hygiene in New South Wales ; Health and Hygiene in Industry ; Lead Poisoning ; Happiness and Retirement.

Legal

The following legislation affected the Division :—

In June, 1956, under the Factories and Shops Act, 1912-1954, “. . . any office, building or place in which not less than four persons are engaged directly or individually in a manufacturing process involving the use or handling of lead or a compound of lead or an alloy of lead . . . or in connection with making, assembling, repair, dismantling or breaking up of electric accumulators . . . was declared to be a factory.

The Regulations provide for medical and/or pathological examination ; notification, by the occupier of the factory, within seven days, to the Director-General of Health, the results of such examination ; the registration of all cases of lead poisoning and the particulars of such poisoning ; requires the employee to submit to examination within a reasonable time ; and, during this time, the employer shall not employ the employee, for a specified time, if he has absorbed lead to any extent, likely to be injurious to his health, on overtime, or on any lead process or specified process, or in any factory to which the Regulations apply.

The Radioactive Substances Act came into operation in March, 1957. The object of this legislation is :—

- (a) to prohibit the possession, sale and use of radioactive substances, and the possession and use of certain irradiating apparatus, except by persons licensed for the purpose ;
- (b) to prohibit the treatment of human beings with radioactive substances, or with certain irradiating apparatus, except by medical practitioners or dentists licensed for the purpose ;
- (c) to constitute a Radiological Advisory Council and define its powers, duties, authorities and functions ;
- (d) to confer powers on inspectors to enter and inspect premises where radioactive substances or irradiating apparatus may be, and empower inspectors to take without payment, samples of any substance ;
- (e) to make other provisions of an ancillary and machinery character.

G. School Medical Service

Reports of the Director of the Division—1953-1957, inclusive

Staff

Director : Dr. E. S. A. Meyers.

Deputy Director : Dr. N. S. Solomons, 1955-1957.

In addition, during the period under review, 32 Medical Officers ; 6 Psychiatrists ; 3 Part-time Ear, Nose and Throat Surgeons ; 7 Psychologists ; 32 Nurses ; 9 Social Workers ; 10 Speech Therapists, 6 trainees in Speech Therapy and 15 clerical officers ; worked in the Division. (The foregoing establishment is taken from the 1957 Report).

Retirements

Dr. A. E. Machin, Director of the Service since 1931, retired in October, 1953, as did Dr. H. M. North in 1955, having been in the Service since 1936.

Deaths

It is with deep regret that the following deaths occurred : Dr. R. J. Whiteman, Honorary Physician to the Asthma Clinic (1953) ; Dr. E. Lloyd Williams, Medical Officer (1953) ; Miss V. E. Thorp, Child Guidance Clinic Psychologist (1955) ; and Dr. McClemens, Medical Officer (1957).

General

The staff of the School Medical Service was insufficient, during the period under review, to meet the demands made on it by the considerable increase in the school population. This has resulted in country children being deprived of services which can be made more readily available to children in Sydney.

In 1957, the Jubilee Year for medical inspection of school children in New South Wales, occurred. Summarising the events below, in this field, will give a brief picture of the Service from its inception.

Although the School Medical Service was not constituted, as such, until August, 1913, the actual inspection of school children in New South Wales was commenced in 1907. Previous to this, some lectures had been given to trainee teachers on School Hygiene in 1896. In 1904, the first medical lecturer was appointed to the Teachers' Training College at Hurstville. Later, in 1907, the first medical officer was appointed to the Metropolitan Area of Sydney, and this was followed by an appointment to Newcastle in the same year.

The children examined were those who the teachers considered were physically and mentally defective, and who, from his own observation, the medical officer considered should be examined. In all cases parental consent was necessary. Up to April, 1908, 33,968 school children were examined by the Medical Officer.

In 1908, a report on the physical condition of children attending public schools was published. The report had special reference to the height and weight, eyesight and the condition of the teeth. This report excited widespread interest in many parts of the world.

The first height and weight table for school children was published in New South Wales in 1910, and enhanced the average height and weight for all boys (24,591) and girls (24,168) for whom records had been kept since the medical inspections commenced in 1907.

In the same report in 1910, the Medical Officer suggested that more particular attention should be given to health standards when building new schools, especially in regard to orientation, lighting, ventilation and the provision of hat rooms. He also advised on the prevention of the spread of infection, such as the elimination of roller towels and school mugs, and suggested the installation of a type of drinking bubbler, and that sanitary paper be provided.

In 1911, it was decided to appoint four school nurses to supplement the work of the doctors. Next year it was proposed to examine each school pupil twice, if not more often during his school life. Vision tests were now also to be carried out by the Medical Officer, and not by the teachers.

By 1913, ten school medical officers had been appointed, and the first Financial Report was issued in the same year. During the same year medical examination of school children had been extended to embrace the whole State.

After this re-organisation, the School Medical Branch began its work as a separate branch of the Department of Education in August, 1913. The work continued and several new activities were introduced, until 1946, when the School Medical Service became a division of the Department of Public Health.

Medical Inspection of School Children

In the Annual Report for 1952, a full description was given of the scheme of medical inspection of pupils in schools in New South Wales.

The following tables summarise the work carried out by the Division in schools, during 1953-1957.

TABLE 1—NUMBER OF PUPILS FULLY EXAMINED OR REVIEWED WITH SCHOOL POPULATION, METROPOLITAN AREA, 1953-1957, INCLUSIVE

Schools	1953		1954		1955		1956		1957	
	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion
Primary Schools—										
Population	246,293	..	251,165	..	263,944	..	278,485	..	288,968	..
Number of Full Examinations	55,371	22.48	53,588	21.34	37,128	14.07	45,736	16.42	28,541	9.88
Number of Reviews	25,071	10.18	29,734	11.84	44,916	17.02	53,890	19.35	39,399	13.63
Secondary Schools—										
Population	71,693	..	75,620	..	80,439	..	89,024	..	96,046	..
Number of Full Examinations	21,606	30.14	26,979	35.68	23,859	29.66	25,171	28.27	26,858	27.96
Number of Reviews	4,870	6.79	5,043	6.67	8,000	9.95	10,146	11.40	12,464	12.98
Total—										
Population	317,986	..	326,785	..	344,383	..	367,509	..	385,014	..
Number of Full Examinations	76,977	24.21	80,567	24.65	60,987	17.71	70,907	19.29	55,399	14.39
Number of Reviews	29,941	9.42	34,777	10.64	52,916	15.37	64,045	17.43	51,863	13.47

TABLE 2—NUMBER OF PUPILS FULLY EXAMINED OR REVIEWED WITH SCHOOL POPULATION, IN OTHER PARTS OF STATE, 1953-1957, INCLUSIVE

Schools	1953		1954		1955		1956		1957	
	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion
Primary Schools—										
Population	219,591	..	231,532	..	241,075	..	245,173	..	250,759	..
Number of Full Examinations	38,638	17.60	20,243	8.74	24,619	10.21	9,789	3.99	8,210	3.27
Number of Reviews	4,830	2.20	6,930	2.99	10,820	4.49	10,357	4.22	7,055	2.81
Secondary Schools—										
Population	65,248	..	69,126	..	72,109	..	74,496	..	79,229	..
Number of Full Examinations	12,927	19.81	7,996	11.57	9,732	13.50	5,970	8.01	6,079	7.67
Number of Reviews	1,532	2.35	1,625	2.35	2,507	3.48	1,877	2.52	1,889	2.38
Total—										
Population	284,839	..	300,658	..	313,184	..	319,669	..	329,988	..
Number of Full Examinations	51,565	18.10	28,239	9.39	34,351	10.97	15,759	4.93	14,289	4.33
Number of Reviews	6,362	2.23	8,555	2.85	13,327	4.26	12,234	3.83	8,944	2.71

TABLE 3—NUMBER OF PUPILS FULLY EXAMINED OR REVIEWED WITH SCHOOL POPULATION, ALL PARTS OF THE STATE, 1953-1957, INCLUSIVE

Schools	1953		1954		1955		1956		1957	
	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion	Number	Per cent. School Popula- tion
Primary Schools—										
Population	465,884	..	482,697	..	505,019	..	523,658	..	539,727	..
Number of Full Examinations ..	94,009	20.18	73,831	15.30	61,747	12.33	55,525	10.60	36,751	6.81
Number of Reviews	29,901	6.42	36,664	7.60	55,736	11.04	64,256	12.27	46,454	8.61
Secondary Schools—										
Population	136,941	..	144,746	..	152,548	..	163,520	..	175,275	..
Number of Full Examinations ..	34,533	25.22	34,975	24.60	33,591	22.02	31,141	19.04	32,937	18.79
Number of Reviews	6,402	4.68	6,668	4.61	10,507	6.89	12,023	7.35	14,353	8.19
Total—										
Population	602,825	..	627,443	..	657,567	..	687,178	..	715,002	..
Number of Full Examinations ..	128,542	21.31	108,806	17.34	95,338	14.50	86,666	12.61	69,688	9.75
Number of Reviews	36,303	6.02	43,332	6.91	66,243	10.07	76,279	11.10	60,807	8.50

TABLE 4—MORE IMPORTANT DEFECTS OF A NOTIFIABLE STANDARD FOUND IN PUPILS FULLY EXAMINED IN NEW SOUTH WALES DURING 1953-1957, INCLUSIVE, AND EXPRESSED AS A PERCENTAGE

Defect	1953		1954		1955		1956		1957	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Vision	5.0*	6.4	4.7	5.1	4.5	4.9	3.9	4.0	4.1	4.3
Squint	N.A.*	N.A.*	N.A.*	N.A.*	0.3	0.4	0.4	0.6	0.3	0.6
Hearing	1.3	1.5	1.6	1.7	2.4	2.5	2.7	2.4	2.8	2.8
Nose and Throat	3.7	4.4	2.2	3.0	2.0	2.3	1.6	1.9	0.9	1.3
Skin	0.3	0.5	0.7	1.3	1.2	1.2	1.5	1.4	1.3	1.5
Thyroid	0.3	1.2	0.2	0.8	0.2	0.7	0.1	0.3	0.1	0.4
Heart	0.5	0.8	0.5	0.7	0.7	0.8	0.5	0.7	0.5	0.8
Lungs	0.3	0.3	0.4	0.4	0.5	0.6	0.8	0.8	0.7	0.8
Asthma	1.1	0.6	1.5	1.0	2.3	1.3	2.9	1.9	2.9	2.1
Development—Hernia	0.6	0.1	0.5	0.1	0.9	0.2	0.9	0.4	0.5	0.2
Orthopaedic	1.0	0.7	0.5	1.4	1.6	1.9	1.9	2.3	1.7	2.4
Nervous System	2.2	1.9	..	..	0.1	0.1	0.2	0.1	0.2	0.2
Total Percentage Notifiable Defects	31.2*†		27.2*†		22.5*†		22.3*†		24.5*†	

* Not Available.
*† Excluding Dental Defects.

Table showing notifiable defects is given above (Table 4).

The percentage number of defects notified to parents or guardians during 1953-1957 was 57.4 per cent ; 52.0 per cent.; 71.2 per cent.; 66.5 per cent.; and 66.4 per cent. respectively. By such notification further investigation and treatment was effected. The percentage of defects notified to parents diminishes from primary to secondary pupils, particularly in the Metropolitan Area. This is due to more regular visits by officers of the School Medical Service to metropolitan schools as against the occasional visit to country schools, and facilities for investigation and treatment being more readily available.

Previous to 1954, children were first examined by officers of this Service in 1st grade. As it was considered that it was more appropriate to examine a child as soon as possible following admission to school, a change was effected at the beginning of the year, to permit kindergarteners being presented for examination. At the same time, it was necessary to examine 1st grade children, and so 1954 was treated as a transitional year in which children in both grades would be examined. Instead of the vision and hearing of children being reviewed in 3rd grade, it was decided to postpone this review until 4th grade, at the same time omitting the examination of children in 5th grade. As teachers and parents are encouraged to refer children for medical examination at any time, it was considered that this procedure should provide effective medical cover for children in primary schools, at the same time allowing fuller use of medical officers and other staff.

A change was also effected in the procedure of medical examinations in secondary schools. Children were examined in 1st year, or equivalent class, as heretobefore, but instead of carrying out a full examination during 5th year, this examination was brought back to 4th year. Examination at this time is of particular importance, as it is conducted with special reference to medical fitness for a chosen career.

Although the routine medical examinations are carried out as set out above, children may be, and are reviewed at any time during their school life.

In 1954, also, medical officers were encouraged to interview parents in cases where the defect ascertained was of a serious nature and required attention. The number interviewed from 1954-1957 was 1,663 ; 2,940 ; 3,521, and 3,155 respectively.

Although a thorough dental examination was not carried out during the examinations, it was felt in 1954, that the oral condition of the children examined, where this was so bad as to be detrimental to their general health, should be notified to parents or guardians. The number of notifications of this nature from 1954-1957 was 2.9 per cent.; 2.2 per cent.; 2.5 per cent.; and 1.9 per cent. respectively.

Commencing at the beginning of 1955, an attempt was made to assess the general condition of those children who were fully examined. The following criteria were adopted :—

A—Good	B—Fair	C—Poor
Skin smooth, moist, elastic.	Skin dry, not scaly.	Skin dry, hair full and dry, brittle nails.
Hair, good sheen and texture.		
Bony skeleton, covered on thorax, arms, forearms and thighs.	Arms and thighs thin but ribs not showing.	Ribs and hip bones easily visible.
Muscles must have tone and be able to offer resistance to pressure and passive movement.	Slackness of muscle tone.	Muscle tone poor, no resistance to pressure or passive movement.
Height weight ratio within normal limits of chart.	Too tall for weight. Too fat for height.	Grossly overweight or underweight.
Face good contour, cheeks and orbits filled.	Face thin.	Face thin, cheek bones showing freely, orbits and eyes sunken.
Skin, mucous membrane and finger nails colour natural pink.	Skin, mucous membrane and nails pale but still pink.	Pale, no pinkness of skin, mucous membrane or nail beds.
Posture good. Bright and very alert.	Posture fair. Dull.	Poor posture, dull and listless.

Of the 95,338 children fully examined, the general condition was found to be as follows :—

General Condition	Primary		Secondary		N.S.W.	
	Boys	Girls	Boys	Girls	Boys	Girls
A ..	per cent. 90.0	per cent. 91.0	per cent. 89.1	per cent. 82.1	per cent. 89.6	per cent. 87.9
B ..	9.6	8.8	10.5	17.4	10.0	11.8
C ..	0.4	0.2	0.4	0.5	0.4	0.3

It will be noted that 17.4 per cent. of the girls in secondary schools are classified under the heading of B, as compared with 8.8 per cent. in primary schools. This increase would appear to be attributable to the number of girls of this age group who are overweight for age.

The incidence of infestations in the 95,338 children fully examined was found to be—

							Boys Per cent.	Girls Per cent.
Pediculosis (head)	..	..	..	..	..	..	0.2	1.2
Ringworm	..	..	..	..	..	..	0.08	0.06
Scabies	..	..	..	..	..	..	0.02	0.01

The follow-up of children with more serious defects is carried out by the Nursing Staff.

Following the examination of children in fourth year of high school “ warning letters ” were sent to parents indicating defects that had been found that might debar acceptance as Teachers College Students. At the same time, the parents were informed that this Service would be prepared to give a definite opinion on the suitability of children, if desired. Many parents accepted this offer and their children were examined in the Head Office. The number of “ warning letters ” sent during 1954-1957 was 381 ; 298 ; 547 ; and 404 respectively.

Child Guidance Clinics

In 1953 there were four Child Guidance Clinics. In 1954 another was established, but in 1957 two clinics were amalgamated, which again made the total four. One clinic is reserved solely for examination of boys referred by the various Children’s Courts.

The clinics are used as demonstration centres for students undertaking the course for the Diploma of Psychological Medicine, Social Studies Students and School Counsellors.

A full description of the work of the clinics and their staff was given in the Report of the Public Health Department for 1952.

The following table summarises the work carried out at the Clinics during the period under review :—

TABLE 5—CASES SEEN AT CHILD GUIDANCE CLINICS, 1953-1957, INCLUSIVE

Source of Referral	1953	1954	1955	1956	1957
Personal Application	346	424	449	569	434
Children's Courts	779	819	982	727	683
Child Welfare Department	187	150	191	146	116
Department of Education	250	237	276	248	213
Hospitals and Social Agencies	81	119	108	93	83
Medical Practitioners	40	85	74	63	107
School Medical Service	19	29	44	58	77
Speech Therapists	55	45	42	27	..
Total	1,757	1,908	2,166	1,931	1,713*

* Figures relating to “committed” boys seen at the Clinic are not available.

During the period under review, 4,680 boys were medically examined at the Metropolitan Boys’ Shelter and the Yasmar Boys’ Shelter, and 528 intelligence tests were carried out, reports being forwarded to the Child Welfare Department.

Speech Therapy Clinic

In 1953 there were five Speech Therapy Clinics ; in 1954 eight ; 1955 seven ; 1956 eight ; and 1957 seven. The variations were due to staffing.

All new cases are seen by a Speech Therapist, together with a Medical Officer.

A senior Speech Therapist was appointed in 1956.

The table below summarises the work carried out by this Section of the Division.

TABLE 6—TOTAL ATTENDANCES AT THE SPEECH THERAPY CLINICS, 1953-1957, INCLUSIVE

Year						Total Attendances
1953	..	..	..	..	..	402*
1954	..	..	..	..	..	641†
1955	..	..	..	..	..	10,856
1956	..	..	..	..	..	13,160
1957	..	..	..	..	..	10,544
Total	..	..	..	..	..	35,603

* Interviews attended.

† Total under treatment.

Hearing Clinics

Ear, nose and throat Consultants attend clinics and also visit special schools and classes for deaf children.

A brief summary of the work carried out is given in the table below :—

TABLE 7—HEARING CLINIC—NEW AND REVIEWED CASES, 1953-1957, INCLUSIVE

Year					New Cases	Reviewed Cases
1953	..	..	..	..	942	100
1954	..	..	..	..	1,159	n.a.*
1955	..	..	..	..	1,533	n.a.*
1956	..	..	..	..	1,482	1,296
1957	..	..	..	..	1,449	2,294
Total	..	..	..	..	6,565	3,690

* Not available

Asthma Clinic

This clinic has functioned since 1951. The standard treatment, with a few minor modifications, was evolved by the late Dr. R. J. Whiteman. A brief resume of present day methods is given below.

Initial Period—Twenty-four hour bed rest for two weeks in the home ; nasal inhalations with a mixture of Menthol, Oil of Eucalyptus and Lavender, and Iso-propyl Alcohol ; daily 500 mgm. of ascorbic acid for first few days with smaller doses from then on.

Subsequently—Normal life, avoiding contact with persons with colds ; subsequent colds—bed rest ; no theatres, large gatherings, or swimming for two seasons ; first sign of a cold bed rest.

The parent was in close contact with the clinic by telephone and periodic visits. Each child is weighed at four-monthly intervals and in some instances a gain of 7 to 25 pounds in the first few months has been noticed. Cases suffering from nocturnal enuresis often clear during the first four months. Schooling was advised by the Correspondence Method, and in this way both socially and psychologically the child improves.

The number of new cases examined from 1955-1957 was, 237 ; 80 ; and 86 respectively.

Infectious Diseases, Illness and Injury

The table below summarises the more common infectious diseases, injury and illness occurring in Departmental Schools during the period under review.

TABLE 8—NUMBER OF CASES OF COMMON INFECTIOUS DISEASES, INJURY AND ILLNESS IN DEPARTMENTAL SCHOOLS, 1953-1957, INCLUSIVE

Year	Measles	German Measles	Whooping Cough	Scarlet Fever	Diphtheria	Sore Throat	Chicken Pox	Mumps
1953 ..	8,748	2,193	2,946	516	237	23,551	23,383	6,838
1954 ..	36,080	6,345	1,210	477	144	27,482	12,577	24,480
1955 ..	7,229	3,765	2,184	411	63	30,953	22,733	14,623
1956 ..	30,202	5,547	3,132	478	34	29,790	15,513	9,052
1957 ..	8,484	4,234	1,270	450	31	35,571	19,518	14,616

Year	Influenza	Acute Conjunctivitis	Acute Rheumatism and Chorea	Poliomyelitis	Meningo-coccal Meningitis	Injury	Illness*
1953	120,828	1,041	1,065	219	61	21,074	135,232
1954	96,665	946	1,007	190	54	18,550	113,988
1955	83,334	1,543	1,090	83	63	20,299	118,543
1956	79,595	2,119	1,095	120	47	23,328	121, 526
1957	211,793	2,043	945	34	44	23,373	138,137

* Other than Infectious Disease.

Other medical conditions and absenteeism (contacts of infectious disease) occurring in Departmental Schools, 1953-1957, are set out below.

TABLE 9—OTHER MEDICAL CONDITIONS AND INFECTIOUS DISEASES AND CONTACT ABSENTEEISM, 1953-1957, INCLUSIVE

Condition and Absenteeism	1953	1954	1955	1956	1957
Impetigo	3,204	4,022	4,913	5,099	3,501
Ringworm	3,453	3,091	3,644	3,857	3,130
Scabies	537	423	417	365	284
Pediculosis Capitis	1,459	1,099	1,542	1,598	1,431
Contacts Infectious Disease Absenteeism ..	2,911	5,045	3,124	6,562	3,176

The number of children notified to the School Medical Service by the Division of Tuberculosis, as suffering from tuberculosis was—

TABLE 10—NOTIFICATIONS OF TUBERCULOSIS IN SCHOOL CHILDREN, 1953-1957, INCLUSIVE

Year		Infectious	Non-Infectious	Metropolitan Cases	Country Cases
1953	..	13	15	10	3
1954	..	9	16	5	4
1955	..	3	30	2	1
1956	..	5	9	3	2
1957	..	Not Available			

The Division also carries out medical examinations of teachers and entrants for Teachers Colleges, examination of applicants for employment, and sick leave and psychiatric examinations.

TABLE 11—MEDICAL EXAMINATION OF TEACHERS, TEACHERS COLLEGE STUDENTS, SICK LEAVE AND PSYCHIATRIC EXAMINATIONS, 1953-1957, INCLUSIVE

Examination	1953	1954	1955	1956	1957
	*	*	*	*	*
Teachers College Entrants	2,302	2,591	2,846	3,255	3,775
Applications for Employment	500	554	586	747	607
Sick Leave, Transfers and Retirement ..	725	751	861	895	985
Psychiatric	95	93	139	137	175

* These figures cover the twelve month period from 1st March of year indicated.

National Fitness Camps

Two nurses of the School Medical Service are attached for duty to two of these Camps. A Medical Officer visits these Camps periodically and furnishes reports, with recommendations, on the sanitary condition of the Camps.

Surveys

1954—Height and Weight Survey on a Representative Sample of School Children in New South Wales. (Published—Aust. Med. Jour., 17th Mar., 1956.)

1955-1957—Endemic Goitre in New South Wales.

H. Dental Services

REPORT OF THE DIRECTOR OF DENTAL SERVICES, 1953-1957

Introduction

The Division of Dental Services undertakes the investigation and treatment of dental diseases of children and inmates of Establishments and Institutions. Although it is a Department of Public Health activity providing services for divisions under the Department's direct control such as State Hospitals and Homes (3), T.B. Sanatoria (2) and Mental Hospitals (12), it also provides services for other Departments namely, the Department of Prisons (9 Institutions), Child Welfare Department (22 Establishments), the Aborigines Welfare Board, and for the Department of Education, the School Dental Service.

Staff

Director : Dr. Leslie Pudney 1953-1956 (August) ; Mr. W. B. Haymet (August), 1957.

In addition there were 28 Dental Officers, 11 Dental Assistants and variously, three to seven part-time private practitioners employed during the period under review.

In August, 1957, a full time Dental Officer was appointed to the Newcastle area.

General

In 1953 the policy of restricting treatment to the ages of 6-8 years in the Metropolitan area and 6-9 years in large country areas was maintained. In small outlying rural areas school children of all ages were included.

By 1954 the Division maintained 21 travelling School Dental Clinics, but in 1957 only 16 of these were in operation during the first half of the year, due to financial restrictions, although at the end of the year 18 were in operation.

In 1953, permanent Dental Officers were appointed to five mental hospitals in the Metropolitan area and one was appointed to a country mental hospital. Planning of accommodation, the provision of additional facilities, and mouth surveys in mental hospitals proceeded during the year. Permanent dental officers also replaced part-time private practitioners in State Hospitals, Homes and Sanatoria. During the year modern dental equipment was installed at Emu Plains, Prison Farm. Two Dental Officers and an Assistant visited the Aborigines Station at Brewarrina.

In 1954 improvement continued in dental facilities at Dental and State Hospitals and new and modern equipment was supplied and installed at Waterfall.

Special equipment was installed at Peat and Milson Islands Mental Hospital in 1955, while Broughton Hall Mental Hospital was now visited by a permanent Dental Officer. At Callan Park Mental Hospital dental surgeries were re-organised and remodelled. During the year the Division was made responsible for the dental health of the wards of the Child Welfare Department and a full time Dental Officer was appointed for this work. Five Clinics were fitted with modern equipment.

In 1956 a deputation from the Federation of the Parents and Citizens Association was received during the year, *inter alia* the extension of the age groups to include children of all ages was discussed. A modern suite was completed at Mt. Penang Training School at Gosford. Dental accommodation at Mental and State Hospitals again had the attention of the Division.

During 1957 all clinics were provided with electric dental machines and electric sterilisers. A clinic at Lynwood Hall, Guildford was completed during the year.

Activities

The activities of the Division for the five year period under review are given below.

TABLE 1—SCHOOL DENTAL SERVICES, 1953-1957, INCLUSIVE

Nature of Service	1953	1954	1955	1956	1957
Patients Examined	20,957	32,974	46,044	36,931	32,993
Patients Treated	13,227	19,362	22,684	19,566	15,924
Number of Visits	36,905	50,786	58,748	51,594	45,397
Teeth Extracted	25,740	36,016	42,717	33,016	25,352
Fillings	22,955	36,727	40,530	36,357	36,827
Other Treatment	30,024	46,816	52,958	50,601	46,704

TABLE 2—PERCENTAGE OF SCHOOL CHILDREN WITH SOUND AND UNSOUND MOUTHS, 1953-1957, INCLUSIVE

Year	Found to have Sound Mouths	In Need of Treatment
1953	25.3	74.7
1954	23.5	76.5
1955	24.7	75.3
1956	23.3	76.7
1957	22.9	77.1

TABLE 3—MENTAL HOSPITAL SERVICES, 1953-1957, INCLUSIVE

Nature of Service	1953	1954	1955	1956	1957
Patients Examined	3,488	4,595	5,163	7,044	7,470
Patients Treated	1,540	2,641	2,921	2,774	3,170
Number of Visits	4,855	7,589	8,445	7,929	8,033
Teeth Extracted	2,692	4,662	4,614	4,907	5,972
Fillings	541	1,444	1,409	1,266	1,059
Other Treatments	2,545	3,984	1,127	3,788	3,571
Dentures Supplied	189	218	252	234	203
Dentures Repaired	146	264	296	287	281

TABLE 4—STATE HOSPITALS, HOMES AND TUBERCULOSIS SANITORIA SERVICES—1953-1957, INCLUSIVE

Nature of Service	1953	1954	1955	1956	1957
Patients Examined	373	636	347	1,008	1,334
Patients Treated	167	580	708	768	966
Number of Visits	772	2,122	2,276	2,091	2,039
Teeth Extracted	831	1,744	1,929	2,024	2,488
Fillings	225	307	283	131	63
Other Treatments	544	1,190	1,233	1,157	1,055
Dentures Supplied	76	121	103	85	90
Dentures Repaired	146	86	92	62	63

TABLE 5—H.M. GAOLS SERVICES—1953-1957, INCLUSIVE

Nature of Service	1953	1954	1955	1956	1957
Patients Examined	1,051	1,207	1,671	2,275	3,880
Patients Treated	790	747	1,971	2,489	1,506
Number of Visits	1,502	2,591	3,696	4,433	3,172
Teeth Extracted	774	1,091	1,570	2,067	2,540
Fillings	220	285	396	379	775
Other Treatment	813	1,228	844	751	877
Dentures Supplied	23	66	131	123	113
Dentures Repaired	39	55	26	43	60

TABLE 6—CHILD WELFARE DEPARTMENT ESTABLISHMENTS SERVICES, 1953-1957, INCLUSIVE

Nature of Service	1953	1954	1955	1956	1957
Patients Examined	435	1,734	2,089
Patients Treated	388	1,442	1,483
Number of Visits	609	5,518	6,456
Teeth Extracted	464	3,277	3,584
Fillings	536	4,231	4,915
Other Treatments	626	6,237	5,968
Dentures Supplied	296	263
Dentures Repaired	49	92

TABLE 7—SUMMARY OF ACTIVITIES, 1953-1957, INCLUSIVE

Nature of Service	1953	1954	1955	1956	1957	Total
Patients Examined	26,319	39,412	53,660	42,692	42,536	204,619
Patients Treated	15,724	23,330	28,672	27,037	23,045	117,808
Number of Visits	44,034	63,088	73,774	71,565	65,099	317,560
Teeth Extracted	30,037	43,513	51,294	45,391	39,936	210,171
Fillings	23,941	38,763	43,154	42,364	43,639	191,861
Other Treatment	33,926	53,218	56,788	62,524	58,175	264,631
Dentures Supplied	288	405	486	738	669	2,586
Dentures Repaired	331	405	414	441	496	2,087

I. Consultative Council for the Physically Handicapped

SUMMARISED REPORT COVERING THE YEARS 1953-1957, INCLUSIVE

Staff

Medical Officer : Dr. M. Bertram.

During the period under review, the Consultative Council for the Physically Handicapped met forty-three times, while the Executive Council met forty-four times.

In 1953 a Sub-Committee was elected to consider matters arising from a report of the Executive Committee of the Australian Orthopaedic Association on the after care of poliomyelitis in New South Wales.

In the same year also, the Minister for Health at the request of the Hospitals Commission, called a meeting between representatives of the Commission, the Consultative Council, the Royal Alexandra Hospital for Children and the Prince Henry Hospital, for the purpose of discussing the provision of more adequate services for the treatment of poliomyelitis cases.

During 1955 the benefits of the Commonwealth Rehabilitation Service were extended to include applicants of 14 to 15 years of age. With the development of the Rehabilitation Scheme there were fewer calls in 1955 on the Council's Vocational Training Grant.

During 1956 a Consulting Orthopaedic Surgeon visited the Armidale and New England and Glen Innes District Hospitals to advise on the after care of poliomyelitis patients.

In 1956 also a Rehabilitation Co-ordinating Committee (later Council) was formed to co-ordinate the rehabilitation activities being conducted by different organizations through hospitals, Government departments and voluntary bodies.

In 1957 steps were taken by the Council to bring to the notice of the Hospitals Commission the unsatisfactory states not only of respirators in hospitals, but also of the efficiency of personnel in attendance. Later measures were taken to ensure the effective maintenance of apparatus in hospitals, and at least two current members of the staff of these hospitals were adequately trained in their use.

During the period under review close co-operation continued between the Consultative Council and the Rehabilitation Section of Social Services, the Department of Labour and Industry, the New South Wales Society for Crippled Children, the Far West Children's Health Scheme and the Poliomyelitis Society.

Notifications and deaths of acute anterior poliomyelitis during the five year period under review were as under :—

TABLE 1—NOTIFICATIONS AND DEATHS OF POLIOMYELITIS, 1953-1957, INCLUSIVE

Year					Notifications	Deaths
1953	..	..	..	..	630	55
1954	..	..	..	..	555	32
1955	..	..	..	..	222	8
1956	..	..	..	..	240	16
1957	..	..	..	..	58	4
Total					1,705	115

Since 1953 there has been a lessening in both morbidity and mortality from poliomyelitis, and the considerable reduction in 1957 was due to the inauguration of the Poliomyelitis Vaccination Campaign in 1956.

The sex, percentage rates and distribution of acute anterior poliomyelitis cases notified during 1953-1957, inclusive, are given below :—

TABLE 2—SEX, PERCENTAGE RATES AND DISTRIBUTION OF POLIOMYELITIS CASES, 1953-1957, INCLUSIVE

Year	Male	Per cent.	Female	Per cent.	Metro-politan	Per cent.	Rural	Per cent.
1953 ..	380	60.3	250	39.7	353	56.0	277	44.0
1954 ..	335	60.4	220	39.6	253	45.5	302	54.5
1955 ..	141	63.5	81	36.5	84	38.1	138	61.9
1956 ..	148	61.7	92	38.3	93	38.7	147	61.3
1957 ..	32	55.2	26	44.8	19	32.7	39	67.3
Total ..	1,036	60.7	669	39.3	802	47.0	903	53.0

TABLE 3—NOTIFICATIONS BY MONTH OF YEAR, 1953-1957, INCLUSIVE

Year	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1953	146	72	62	49	49	33	49	34	25	42	36	33	630
1954	100	102	129	59	42	28	27	15	15	11	17	10	555
1955	22	35	53	28	9	15	16	8	10	8	6	12	222
1956	30	35	59	45	26	10	8	7	3	3	11	3	240
1957	10	7	9	7	7	6	2	3	4	..	2	1	58
Total ..	308	251	312	188	133	92	102	67	57	64	72	59	1,705

Services to patients in the form of after-care and vocational training continued during the five year period under review.

TABLE 4—NUMBER OF PATIENTS ASSISTED WITH AFTER-CARE, VOCATIONAL TRAINING AND EXPENDITURE FOR BOTH, 1953-1957, INCLUSIVE

Year				After-care Patients Assisted	Expenditure	Vocational Training Patients Assisted	Expenditure
					£ s. d.		£ s. d.
1953	..	..	..	54	3,164 18 2	5	7 15 7
1954	..	..	..	70	3,240 13 8	5	139 17 11
1955	..	..	..	70	4,557 5 7	2	167 2 6
1956	..	..	..	55	2,930 5 4	3	38 4 6
1957	..	..	..	39	2,018 8 2	2	29 3 2
Total	..	..	..	288	15,911 10 11	17	382 3 8

SECTION II—MEDICAL OFFICERS OF HEALTH

METROPOLITAN HEALTH DISTRICT OFFICERS—REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEARS 1953-1957, INCLUSIVE

Staff

Medical Officer of Health : Dr. J. J. Donnellan ; Establishment : One Health Inspector.

General

The District comprises thirty municipalities, including the City of Sydney ; two shires ; and the Harbour of Port Jackson.

Previously, the Metropolitan Health District contained a statistical metropolis comprising twenty-seven municipalities and part of one other municipality but the size of statistical metropolis was increased considerably in January 1st, 1954, to include the whole of the Health District plus areas outside the Health District, consequently the figures for population and area density of the metropolis are not comparable with those of previous years.

The area comprises 458,552 acres.

Vital Statistics

Mean Population—Mean population figures, during the period under review, are given in the table below.

TABLE 1—MEAN POPULATION WITH DENSITY PER ACRE METROPOLITAN HEALTH DISTRICT, 1953-1957, INCLUSIVE

Year			Mean Population	Density Per Acre
1953	..	..	1,769,490	3.86
1954	..	..	1,773,780	3.86
1955	..	..	1,798,480	3.92
1956	..	..	1,829,104	3.99
1957	..	..	1,857,130	4.05

Live and Still-births—The number of live and still-births, 1953-1957, was :—

TABLE 2—LIVE, STILL AND TOTAL BIRTHS WITH RATES, 1953-1957, INCLUSIVE

Year			Live Births		Still Births		Total Births	
			Number	Rate*	Number	Rate*	Number	Rate*
1953	..	..	33,699	19.11	528	0.30	34,227	19.41
1954	..	..	32,491	18.32	526	0.30	33,017	18.62
1955	..	..	32,700	18.18	554	0.31	33,254	18.49
1956	..	..	33,737	18.45	535	0.29	34,272	18.74
1957	..	..	35,480	19.11	528	0.28	36,008	19.39

* Per 1,000 of Mean Population

Deaths—The number of deaths, all ages, male and female was as under :—

TABLE 3—MALE, FEMALE AND TOTAL DEATHS, ALL AGES WITH RATES, 1953-1957, INCLUSIVE

Year				Deaths		Total Deaths	Rate*
				Male	Female		
1953	..	..	..	9,638	8,310	17,948	10.18
1954	..	..	..	9,906	8,557	18,463	10.41
1955	..	..	..	10,190	8,300	18,490	10.28
1956	..	..	..	10,447	8,930	19,377	10.59
1957	..	..	..	10,040	8,725	18,765	10.10

* Per 1,000 of Mean Population.

Infantile Mortality—Total deaths under one week, under one month and under one year with rates are given below.

TABLE 4

Year			Total Deaths Under 1 Week	Rates*	Total Deaths Under 1 Month	Rates*	Total Deaths Under 1 Year	Rates*
1953	..	..	449	13.32	516	15.31	725	21.51
1954	..	..	452	13.91	505	15.54	732	22.53
1955	..	..	457	13.91	528	16.08	759	23.11
1956	..	..	478	14.17	544	16.12	726	21.52
1957	..	..	450	12.68	607	17.11	723	20.38

* Per 1,000 Live Births.

The figures above show population increases of 10,060 ; 4,290 ; 24,700 ; 30,624 ; and 28,026 respectively. (The Metropolitan Health District population in 1952 was 1,759,430). During 1953-1957, live births amounted to 168,107, while total deaths numbered 93,043 ; making the *natural increase* of the population 75,064. The remainder of the increase, 22,636 was due to migration from overseas and country regions in the State.

Certain Causes of Death—Some of the causes of death with rates per million are given in the table below :—

TABLE 5—CERTAIN CAUSES OF DEATH WITH RATES PER MILLION, 1953-1957, INCLUSIVE

Cause of Death	1953	Rate*	1954	Rate*	1955	Rate*	1956	Rate*	1957	Rate*
Diseases of the Heart ..	6,560	3,720	6,859	3,878	7,154	3,768	7,571	3,908	7,098	3,594
Vascular Lesions of Central Nervous System ..	2,638	1,496	2,795	1,580	2,707	1,426	2,987	1,542	2,963	1,500
Malignant Neoplasm ..	2,741	1,554	2,711	1,533	2,877	1,515	2,981	1,539	3,086	1,563
Violence ..	1,158	657	1,179	667	1,293	681	1,288	665	1,215	615
Pneumonia ..	537	304	589	333	679	358	697	360	754	381
Nephritis and Nephrosis ..	311	176	323	182	306	161	248	128	263	133
General Arteriosclerosis ..	236	134	238	134	272	143	290	150	273	138
Tuberculosis ..	264	150	232	131	165	87	218	113	158	80
Diabetes Mellitus ..	231	131	216	122	219	115	239	123	228	115
Senility ..	214	121	180	102	160	84	159	82	149	75
Bronchitis ..	144	82	191	108	212	112	205	106	198	100
Gastroenteritis and Colitis ..	55	31	47	27	48	25	44	23	41	21
Syphilis and Sequelae ..	52	29	43	24	24	13	34	18	35	18
Alcoholism ..	44	25	41	23	56	29	47	24	38	19
Arthritis and Rheumatism ..	29	16	22	12	38	20	31	16	24	12
Influenza ..	13	7	36	20	17	9	12	6	36	18
Puerperal Causes† ..	17	0.50	18	0.55	23	0.64	23	0.63	26	0.67

* Rates per million. † Per 1,000 live births.

Disease of the heart is the chief cause of death, followed by malignant neoplasms and in third place is lesions of the central nervous system.

Infectious Disease—A table showing notifications and deaths from infectious disease is given below. Infectious hepatitis and ascaris were made notifiable in 1954.

TABLE 6—NOTIFICATIONS OF INFECTIOUS DISEASE, 1953-1957, INCLUSIVE

Disease	1953		1954		1955		1956		1957	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
A.A. Poliomyelitis ..	348	25	238	18	83	5	93	6	19	..
Ancylostomiasis ..	..	..	3	..	1	..	4	..	..	..
Ascariasis‡ ..	..	..	22	..	18	..	11	1	1	..
Brucellosis ..	4	..	4	..	1	..	4	..	4	..
Chorea, Rheumatism ..	7	..	10	..	13	..	7	..	..	..
Diphtheria ..	286	19	228	13	61	4	37	3	29	1
Hepatitis, Infantile‡ ..	..	..	689	13	1,054	15	2,174	13	1,129	14
Infantile Diarrhoea ..	161	27	156	24	156	18	158	13	130	9
Leptospirosis ..	..	..	..	..	..	..	1	..	..	..
Meningococcal, Infantile ..	74	16	92	23	52	14	35	7	31	10
Ornithosis ..	3	..	..	..	1	..	3	..	..	..
Paratyphoid Fever ..	..	..	2	..	3	..	..	..	4	1
Puerperal Fever ..	7	3	6	3	12	7	18	6	13	2
Rheumatic Fever ..	87	15	109	9	95	7	68	7	34	3
Scarlet Fever ..	378	..	401	..	371	..	311	1	287	..
Tuberculosis ..	1,386	264	1,593	232	1,242	174	1,089	201	894	249
Typhoid Fever† ..	49	4	15	1	10	..	12	..	4	..
Typhus Fever ..	..	..	2	..	1	..	1	..	1	..
Virus Encephalitis* ..	2	7	13	4	6	1	12	4	6	2

* Excess deaths due to late notification of cases. ‡ Made notifiable 1954.
† Figures in 1953, only, were combined totals for typhoid and paratyphoid.

Poliomyelitis—During 1953-1957 there were 781 cases and 53 deaths from poliomyelitis. A considerable reduction occurred in the yearly figures in 1957 due to the inauguration of the poliomyelitis vaccination campaign in 1956.

Diphtheria—There were 641 cases and 40 deaths from diphtheria. The great reduction in both morbidity and mortality, occurring after 1955, was due to the intensive publicity campaign and Diphtheria Immunisation and the use made of the prophylactic vaccine.

Infectious Hepatitis—This disease was made notifiable in 1954. During the period under review there were 5,046 cases and 55 deaths. A great increase in morbidity occurred in 1956.

Infantile Diarrhoea—There were 761 cases and 91 deaths.

Typhoid and Paratyphoid Fever—Prior to 1954 these diseases were grouped under the heading of “Typhoid”. There were 90 cases and five deaths. A minor epidemic occurred in 1953, with 49 cases and four deaths due, it was thought, to “carrier” spread.

Scarlet Fever—The incidence of this disease is fairly high with 1,748 cases and one death.

Tuberculosis—During 1953-1957 there were 6,204 cases and 1,120 deaths.

Puerperal Fever—Fifty-six cases and 21 deaths occurred.

ENVIRONMENTAL SANITATION

An important part of the work, yearly increasing in volume, of the Medical Officer of Health's Branch of the Department was in advising Local Authorities and Supervising their work in the field of environmental hygiene.

The increase in population has been too rapid for the necessary services and housing to keep pace with it and this has resulted in a multitude of conditions causing complaint in regard to overcrowding, drainage nuisance, defective houses, garbage and nightsoil disposal during the period under review.

The resulting sanitary state of some areas in the district gave cause for apprehension because of the inability of the authorities to deal effectively with the waste products from homes and factories. The problem of dealing with sullage water has also caused concern because of the difficulty of disposing of it in the clay soil on which so many houses have been built.

Another disturbing and difficult problem was the increasing one of nightsoil disposal. The sanitary depots for this purpose have become overloaded and nuisances and possible dangers to health have arisen in some areas. This again was due to the recent rapid increase in population and again, the provision of sewerage was the only complete answer to the problem. The provision of sewer tips in some areas has provided some relief in this direction.

The branch kept all these matters under its observation and made recommendations to the local authorities when it considered them necessary. Supervision of swimming pools, recreation grounds, septic tanks, atmospheric pollution complaints and defective houses was also carried out.

Special investigations were carried out and advice given to other government departments and a special liaison existed between the branch and the Housing Commission in relation to the sanitation of Housing Settlements. Numerous enquiries by interview and telephone from the public were answered and advice was given by members of this branch.

The Medical Officer of Health served on the following committees—Pure Food Advisory Committee, Building Advisory Committee, N.S.W. Film Council, Diphtheria Advisory Committee. He also acted as Chairman of the N.S.W. Health Week Executive in his capacity as Medical Officer of Health and gave advice through newspapers and radio stations on matters pertaining to the public health.

In addition, he acted as tutor to students doing the post graduate Diploma in Public Health at Sydney University and also, at the request of various authorities, he met many overseas students from World Health Organisation and others from the Colombo plan, and demonstrated to them the various public health projects and practices in this City.

HUNTER RIVER HEALTH DISTRICT—REPORT OF THE MEDICAL OFFICER OF HEALTH, 1953-1957, INCLUSIVE

Staff

Medical Officer of Health : Dr. R. Shannon, 1953 to June, 1954, Dr. T. L. Dunn, June, 1954-1957.

Establishment : In 1957 the establishment was two Senior Health Inspectors ; one Supervisory Nurse ; one Tuberculosis Nurse ; and clerical staff.

General

The District consisted of five Municipalities and four Shires, together with the Harbour of Port Hunter.

The area comprises 1,738,234 square miles.

In 1953, the problem of efficient treatment and disposal of effluent from a dye factory of a Mill, was solved when The Hunter District Water Board permitted disposal of the effluent into the sewers.

In the same year a projected scheme to augment Tomago Sand Bed Water Supply was investigated, conjointly with the Hunter District Water Board, and Officers of the Board of Health.

At the beginning of 1955, disastrous floods inundated the Hunter Valley. The towns of West Maitland and Singleton were cut off. Water supplies, sewerage, sanitary and garbage services were completely disorganised, and food supplies unobtainable. More than 100 dwellings were swept away. Emergency operations were immediately set up by the Health Office. Supplies of food, dry clothing and blankets and medicines were obtained. First Aid Posts were established. Drinking water had to be provided and temporary sanitary services inaugurated. Except for a few cases of gastric upsets, mostly in young children, there was no epidemic of disease.

Vital Statistics

Summarised below vital statistics for the District are given :—

TABLE 1—VITAL STATISTICS, HUNTER RIVER HEALTH DISTRICT, 1953-1957, INCLUSIVE

Category					1953	1954	1955	1956	1957
Estimated Population	..	..	..	..	279,100	280,868*	287,110	291,790	299,610
Live Births	..	..	..	..	6,246	6,250	6,287	6,410	6,630
Stillbirths	..	..	..	..	111	125	106	107	115
Deaths	..	..	..	..	2,734	2,669	2,664	2,744	2,722
Infantile Mortality	..	..	..	..	191	172	160	168	181
Infantile Mortality Rate†	..	..	..	..	30.58	27.52	25.40	26.20	27.3

* Census Population.
† Per 1,000 Live Births.

Notifiable Diseases

Below, in tabular form, is a summary of notifiable diseases.

TABLE 2—NOTIFIABLE DISEASES, HUNTER RIVER HEALTH DISTRICT, 1953-1957, INCLUSIVE

Disease	1953		1954		1955		1956		1957	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Diphtheria	51	3	45	1	24	4	13	..	8	..
Scarlet Fever	28	..	69	..	71	..	27	..	21	..
Rheumatic Fever	..	..	..	..	1	1	11	..	1	1
Acute Anterior Poliomyelitis	29	1	17	2	4	..	3	..	3	1
Typhoid Fever	32	1	4	1	..	..	..	..	..	..
Meningococcal Infections	5	10*	27	8	10	2	15	6	3	2
Virus Encephalitis	1	1	1	3*	2	..	1	1	..	..
Chorea Rheumatic	3	..	..	..	..	..	2	..	..	..
Paratyphoid Fever	2	..	1	..	..	..	1	1	1	..
Infectious Hepatitis	..	..	97	2	70	1	111	..	184	2
Typhus	2	1	..	..	1	..	1	..	1	1
Infantile Diarrhoea	..	14*	4	1	6	2	22	5	10	8
Brucellosis	..	..	..	..	1	..	1	..	..	..
Ancylstomiasis	..	..	..	..	5	..	..	..	..	..
Ascariasis	..	..	..	..	..	..	5	..	..	..
Tuberculosis	89	27	101	34	172	16	100	14	258	33
Puerperal Fever	2	2	4	..	2	1	5	3	2	..

* Excess deaths are due to late notification or failure to notify the case.
† Made notifiable in 1954.

Diphtheria—There were 141 cases of diphtheria notified, and eight deaths. Beginning in 1956 a considerable decrease in both morbidity and mortality occurred due to a publicity campaign on the value of prophylactic diphtheria vaccine, and its increased use.

Scarlet Fever—There were 216 cases notified and no deaths.

Acute Anterior Poliomyelitis—During the period under review, 56 cases of poliomyelitis were notified with four deaths. By 1956, after the inauguration of the Poliomyelitis vaccination campaign, cases and deaths notified decreased considerably.

Typhoid and Paratyphoid Fever—There were 41 cases of typhoid and paratyphoid notified with four deaths. Thirty-two of these with one death were typhoid occurring in 1953, when there was a minor epidemic in the Hunter River District due, it was thought, to the consumption of infected prawns and oysters. The epidemic was not confined to this District, for the Metropolitan Area of Sydney notified 49 cases and four deaths, in the same year. Evidence pointed to “carrier” spread in Sydney. It must be mentioned, though, that infected desiccated coconut from Papua was generally thought to be the cause of both outbreaks.

Infectious Hepatitis—This disease, made notifiable in 1954, caused the notification of 462 cases with five deaths.

Tuberculosis—There were 720 notifications and 124 deaths.

Puerperal Fever—During 1953-1957, 15 cases were notified and six deaths.

THE SOUTH COAST HEALTH DISTRICT—REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1953-1957, INCLUSIVE

Staff

Medical Officer of Health : Dr. A. J. Geoffroy ; Establishment : One Senior Health Inspector and Clerical Staff.

General

The District was comprised of thirteen Municipalities and Shires until 1954, when three Municipalities, Kiama, Jamberoo and Gerringong were amalgamated, making the total eleven.

The boundaries of the South Coast Health District extend in the north along the southern shores of the Georges River, westward to the Warragamba River where it joins the Mitchell Health District. The Pacific Ocean forms the eastern border of the District from the Georges River in the north to Durras Water in the south. The western border extends from the Main Dividing Range along the boundaries of the Wollondilly, Shoalhaven Shires to Currowan Creek.

The South Coast Health District is a centre of the Dairying and Pastoral Industries. The chief dairy cattle centres are in the Camden and Gerringong-Jamberoo districts, whilst the pastoral areas are mainly on the Tablelands. From Coalcliff to Dapto coal mining is an important industry. Heavy industry is carried out in the Port Kembla district, south of the City of Wollongong and has a most important bearing on the present and future development of the South Coast District. The District comprises 4,678.368 square miles.

With the increase in the population, which has been progressive, extensive building operations, in the City of Greater Wollongong and the Shire of Sutherland, have taken place. This has caused an increase in the routine work of the District Office during 1953-1957, particularly in relation to the demand for septic tank and septic closet installations, and drainage or sullage inspections. In both areas also, there has been a large expansion in the establishment of heavy and light industries.

Some of these activities are worthy of note. In 1953, in Greater Wollongong the number of new dwellings, approved by Council, was 951 valued at £2 $\frac{3}{4}$ million, 80 commercial buildings were approved, valued at over half a million pounds. In addition, the Housing Commission erected 700 dwellings in the same year. Progress in the Shoalhaven Shire included the erection of a large industry at Bomaderry, valued at £2 million, dealing with milk products. A large rubber factory was also erected in the same area. In Sutherland Shire, Council approved of 1,819 dwellings valued at £4,794,810.

In 1954 progress continued. In Sutherland Shire, Council approved of applications for 1,910 dwellings at an estimated cost of 5 $\frac{1}{4}$ million. The total value of building applications in this Shire during the same year was £22 million out of which £16 million was spent on the Australian Oil Refineries project at Kurnell. In Greater Wollongong building applications approved numbered 2,259 at an estimated cost of £4 $\frac{3}{4}$ million.

In 1956, again in the Shire of Sutherland, building activity continued at high pressure. Over 2,500 applications to build were approved at an estimated cost of £5 $\frac{3}{4}$ million.

Vital Statistics

The population of the South Coast Health District has been steadily increasing over the period under review. This increase is largely in the City of Greater Wollongong and the Shire of Sutherland.

Statistical figures are given in the table below :—

TABLE 1—VITAL STATISTICS SOUTH COAST HEALTH DISTRICT, 1953-1957, INCLUSIVE

Category	1953	1954	1955	1956	1957
Estimated Population	222,440	227,605	241,020	254,330	268,660
Live Births	5,490	5,599	6,118	6,520	7,060
Still Births	99	85	88	123	107
Deaths	1,671	1,723	1,813	1,890	1,923
Infantile Mortality	137	133	145	118	168
Infantile Mortality Rate *	24.9	23.7	23.6	18.1	23.8

* Per 1,000 live births.

Notifiable Diseases

Infectious hepatitis and Ascaris were made notifiable in 1954.

The following table Summarises diseases notified during the period under review.

TABLE 2—DISEASES NOTIFIED SOUTH COAST HEALTH DISTRICT, 1953-1957, INCLUSIVE

Disease	1953		1954		1955		1956		1957	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Diphtheria	19	1	6	..	5	1	5	..	7	1
Scarlet Fever	33	..	48	..	48	..	54	..	42	..
Meningococcal Infection	7	3	11	2	7	2	14	4	9	..
Virus Encephalitis	5	..	1	..	4	..	2	1	2	1
Acute Anterior Poliomyelitis	49	4	31	2	14	..	12	3	5	..
Typhoid Fever .. .. .	..	..	..	..	1	..	..	..	..	..
Paratyphoid Fever	1	..	..	..	..	..	2	..	1	..
Typhus	1	..	..	..	..	..	..	..	..	..
Infantile Diarrhoea	12	5	17	3	11	..	12	3	14	2
Rheumatic Fever	10	1	23	2	12	..	19	1	11	1
Chorea Rheumatic	1	..	1	..	1	..	4	..	1	..
Tuberculosis	85	18	92	30	108	7	79	12	64	18
Infectious Hepatitis	*	..	71	1	141	2	500	2	400	1
Ascariasis .. .. .	*	..	..	..	14	..	..	..	..	..
Anclystomiasis .. .. .	..	..	..	..	1	..	..	..	..	..
Puerperal Fever .. .. .	..	..	4	1	7	3	5	3	3	..
Brucellosis .. .. .	..	..	..	..	..	..	..	..	1	..

* Made notifiable 1954.

Diphtheria—There were 42 cases and three deaths from diphtheria during the period under review. The number of children immunized in 1953-1955 was 1,489 ; 1,790 ; and 904 respectively, while 2,560 ; 6,166 and 2,484 received “ booster ” doses in the same period. In 1957 the figures were 582 immunisations and 2,217 “ booster ” doses.

Scarlet Fever—There were 225 cases of scarlet fever and no deaths.

Acute Anterior Poliomyelitis—During 1953-1957 a total of 111 cases of poliomyelitis were notified with nine deaths. A considerable reduction in both morbidity and mortality occurred after 1956, due to the Poliomyelitis Vaccination Campaign. By 1957 about 80 per cent. of the child population of the district has been fully immunized.

Tuberculosis—During the period under review there were 428 cases notified with 85 deaths. A mass chest X-ray was carried out by the Health Department at Wollongong District Hospital in 1953. The tuberculosis clinic in the Wollongong Hospital functioned very satisfactorily as will be seen from the table below.

TABLE 3—STATISTICS TUBERCULOSIS CLINIC WOLLONGONG DISTRICT HOSPITAL, 1953-1957, INCLUSIVE

Category	1953	1954	1955	1956	1957
Total Number Attendances	2,065	2,581	2,855	3,243	2,886
Number of Cases of Register	712	747	829	814	1,230
Number of New Cases	118	220	214	213	269
Number of New Contacts	113	170	185	172	170
Number of X-rays	814	935	1,253	1,433	1,171
Number of Sister Visits	*	1,095	1,716	621	454

* Not available.

Infectious Hepatitis—There were 1,048 cases notified and six deaths during 1954-1957 inclusive. The disease was made notifiable in 1954. In 1956 and 1957 there was a large increase in notifications of infectious hepatitis.

Activities

Medical Examinations—During the period under review, 349 medical examinations were carried out on behalf of the Public Service Board, the Maritime Services Board and other Government Departments.

Noxious Trades—The following table summarises applications for licences for various noxious trades.

TABLE 4—NOXIOUS TRADES LICENCES APPLIED FOR, 1953-1957, INCLUSIVE

Noxious Trade	1953	1954	1955	1956	1957
Pig Keepers	55	64	51	53	51
Fat Extractors	47	45	43	40	40
Knackers	4	5	6	5	3
Poultry Farmers	3	6	7	4	4
Gut Scrapers	2	2	2	2	2
Inspections of Premises	74	73	87	83	63
Rag Dealers and Rag Collectors .. .. .	..	..	3	..	1
Casing Cleaner .. .. .	..	..	..	..	1

Septic Tank and Septic Closet Applications—The number of septic tank applications during 1953-1957 was 448 ; 560 ; 614 ; 559 ; and 667 respectively. During the latter half of 1956, Ordinances made under the Local Government Act were reviewed and amended to include a new type of sanitary convenience, i.e., the septic closet and from 1956-1957, a total of 1,075 applications were received for septic closets.

Sewerage—Commencement was made, in 1953, on a sewer for the Cronulla area. During the same year sewers were available in a large part of the Coniston area of Wollongong. During 1954-1957 extensions to the sewerage system of the City of Greater Wollongong were made.

Nightsoil and Garbage Disposal and Complaints Investigated—During the period under review, 1953-1957, nightsoil and garbage inspections numbered 199 while 601 complaints of alleged nuisances were investigated.

Other Inspections—During 1953-1957, the following work was also carried out ; 14 school inspections ; 84 inspections of tourist camps ; and ten Hotel inspections.

MITCHELL HEALTH DISTRICT—REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1953-1957, INCLUSIVE

Staff

Medical Officer of Health : Dr. E. C. Wallace.
Establishment : 1 Senior Health Inspector and clerical staff.

General

During the period under review there was a general shortage of qualified Health Inspectors in Municipalities and Shires.

Conferences of Health Inspectors were held at Bathurst (twice), Lithgow (twice), Blayney, Wallerawang, Molong, Orange (twice), Katoomba and the following subjects were discussed :— Poliomyelitis ; analysis of water and sewage ; insect vectors of disease ; pure food work ; various aspects of publicity work ; food hygiene ; vaccination ; Commonwealth Government Buildings Research activities ; septic closets ; hazards in rural occupations ; and Court proceedings.

Vital Statistics

TABLE 1—VITAL STATISTICS, 1953-1957, INCLUSIVE

Category	1953	1954	1955	1956	1957
Population	126,980	126,267	128,930	139,990	137,560
Livebirths	3,024	2,947	3,009	3,342	3,339
Stillbirths	63	57	53	51	57
Deaths	1,252	1,318	1,341	1,447	1,335
Infantile Mortality	96	97	81	93	82
Infant Mortality Rate*	31.7	32.7	26.8	27.8	24.5

* Per 1,000 live births

Notifiable Diseases

Notifiable diseases for the years 1953-1957 are given in the table below :—

TABLE 2—NOTIFIABLE DISEASES FOR THE YEARS, 1953-1957, INCLUSIVE

Disease	1953		1954		1955		1956		1957	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Typhoid	1	..	1	..	..	..	..	..	..	..
Scarlet Fever	74	..	35	..	20	..	28	..	29	..
Diphtheria	1	1	3	..	1	..	..	..	..	..
Poliomyelitis	33	4	23	2	8	..	17	4	6	..
Meningococcal Infection	4	1	4	2	11	2	4	2	5	1
Typhus	1	..	..	..	..	..	..	..	..	..
Rheumatic Fever	10	2	10	3	17	2	11	..	20	..
Chorea Rheumatic	1	..	1	..	6	..	..	..	..	..
Infantile Diarrhoea	2	5*	5	4	4	..	5	1	8	..
Tuberculosis	57	17	63	7	42	11	59	15	52	6
Ascariasis† .. .. .	..	..	..	..	..	..	1	..	..	..
Puerperal Fever .. .. .	..	..	1	1	2	..	3	..	..	..
Infectious Hepatitis† .. .. .	..	..	231	1	155	..	132	1	190	..
Virus Encephalitis .. .. .	..	..	4	1	4	..	3	..	1	1
Brucellosis .. .. .	..	..	..	..	2	..	1	..	1	..

* Excess, due to late notification of cases or failure to notify the case.

† Made notifiable 1954.

Poliomyelitis—There were 87 cases and ten deaths. An outbreak of poliomyelitis occurred in Trunkey Creek in 1953 ; there were five cases and two deaths. Grossly insanitary conditions were found during the investigation. Morbidity and mortality rates of Poliomyelitis continued to fall during the period under review.

Typhoid—Two cases occurred with no deaths. The first in 1953, was an elderly medical practitioner, the second in 1954, was a boy aged 12 years. No source of infection could be found in either case.

Meningococcal Infection—There were 28 cases with eight deaths. The number of cases remained average until 1955, when more than double the number were notified than in any other year under review, although in 1956 the number again returned to average. There was no accounting for the rise in 1955.

Diphtheria—Five cases and one death were notified in the period 1953-1957. One case in 1954 occurred in a boarding school in Bathurst. Prompt measures, to prevent the spread, were adopted and there were no further developments.

Scarlet Fever—There were 186 cases and no deaths. Since 1953, there has been a decline in the number of cases notified.

Infectious Hepatitis—This disease was made notifiable in January, 1954, and during the period under review 708 cases were notified with two deaths. In 1957, at the Teachers' College, Bathurst, where nineteen students had drunk sewage polluted Macquarie River water, six students developed infectious hepatitis while the others complained of gastro-intestinal symptoms two to three days after drinking the water and gave evidence of sub-clinical infectious hepatitis. Gamma Globulin was used successfully to protect the other students at the College.

Brucellosis—Four cases no deaths. Two cases occurred at Gulgong. The source of infection was a local dairy delivering raw milk.

Tuberculosis—There were 273 cases and 56 deaths' In 1953, assistance was given to the Tuberculosis Division in carrying out Mantoux Surveys and B.C.G. vaccinations of children under the age of 13 years. Co-operation with the Mass X-ray Survey team was also given. Chest Clinics were opened in Bathurst and Katoomba. A high percentage of positive reactions was found in 1954, in the Public School at Carcoar (26.95 per cent. as against 6.15 per cent. for the rest of the Shire).

Medical Examinations

During the period under review 60 medical examinations were carried out on entrants to the Public Service. In addition, the pupils at the Day Nursery School in Bathurst were examined each year.

Inspections

The number of environmental hygiene inspections carried out during 1953-1957 was 827 ; 942 ; 989 ; 679 ; and 1,082 respectively.

Noxious Trades

Licenses issued in respect of noxious trades are given in the table below.

TABLE 3—LICENSES ISSUED—NOXIOUS TRADES, 1953-1957, INCLUSIVE

Noxious Trade	1953	1954	1955	1956	1957
Pig Keeper	52	47	51	50	38
Fat Extractor	41	37	41	40	30
Knacker	2	1	2	2	2
Blood boiler	1	1	1	1	1
Bone Grinder	1	1	1	1	2
Manure Maker	1	1	1	1	1
Gut Scraper	2	2	2	2	2
Poultry Farmer	1	1	..	..	..
Blood Drier	1	1	1	1	2
Wool Scourer .. .. .	..	1	1	1	..
Fellmonger .. .. .	..	4	1	1	..
Tanner .. .. .	..	1	1	1	1

Health Education

During 1953-1955, Health Displays were exhibited by Health Department in conjunction with the local Councils at the Bathurst and Orange Annual Shows.

Hydatid Surveys

Following a case of Hydatid Disease in Bathurst, a survey was conducted, in the Mitchell Region, to assess the extent of Hydatidosis in the District. Circular letters were addressed to Medical Practitioners. Sixty-three doctors replied and a total of 35 Hydatid cases were reported (24 Males, 11 Females). Some of the cases were of long standing, others of recent origin. Infestation in sheep was found to be considerable. A total of 152 dogs were treated with Arecoline Hydrobromide, and 113 dogs gave samples satisfactory for the diagnosis of Hydatid ; of these , 20 harboured Echinococcus granulosus, giving an infestation rate of 18 per cent. A number of abattoirs and stray dogs were also examined but no infestation was found.

Infestation with other parasitic worms was a common finding and the results of the survey are given below:—

- 30 per cent. of dogs were infested with *Taenia hydatigena* (from sheep).
- 6.2 per cent. of dogs were infested with *Taenia ovis* (from sheep).
- 24.6 per cent. of dogs were infested with *Taenia pisiformis* (from rabbits).
- 5.3 per cent. of dogs were infested with *Taenia serralis* (from rabbits).
- 31.8 per cent. of dogs were infested with *Dipylidium canium* (from fleas).

The hydatid infestation rate of 18 per cent. amongst property dogs was disturbingly high. It indicated that measures to keep dogs free from hydatid infestation were not applied. Publicity was given through the press, in talks to school children, by distribution of pamphlets and other means on hydatid disease and measures to prevent, namely, periodic dosing of dogs with arecoline and stopping access by dogs to raw sheep's offal.

RICHMOND-TWEED HEALTH DISTRICT—REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1953-1957

The office of the Medical Officer of Health was closed from 21st September, 1956, to 7th October, 1958. In consequence, the Report will be further abbreviated.

Staff

Medical Officer of Health : Dr. J. J. Donnellan to March, 1953 ; Dr. T. L. Dunn (Acting) to May, 1954 ; Dr. T. K. Abbott (Acting), to August, 1956 ; Office vacant, August, 1956 to December, 1957.

Establishment : One Senior Health Inspector and clerical staff.

General

The Richmond-Tweed Health District is situated in the north-east corner of New South Wales. It extends from Grafton in the south to the Queensland State border in the north. The district consisted of two cities, six municipalities and ten shires. The area comprised 6,096.481 square miles.

The District is a fairly closely settled rural area. Its industries are mainly dairying, cattle and pig raising, sugar cane and vegetable crops, timber, fishing and banana growing.

In 1953, following reports of the prevalence of round worm and hook worm among aborigines and of a number of deaths therefrom, a survey of worm infestation was commenced in the Richmond-Tweed District. By the end of the year 563 children and adolescents had been examined, consisting of 257 white children ; 109 white and aboriginal children attending mixed white and aboriginal schools ; 126 aboriginal children attending aboriginal schools, at aboriginal reserves or under school age ; and 22 welfare workers and teachers.

The only white children found infested were a white child attending an all white school at Dungay Creek, suffering from hook worm ; and two white children living among aborigines at an aboriginal reserve, in a highly infested area, suffering from round worm.

Of 175 aborigines examined ; 46.5 per cent. were roundworm positive ; 25.9 per cent. were hookworm positive ; and 67.2 per cent. were whipworm positive.

The heaviest ascaris infestations were in the 2-4 years age groups and heaviest hook worm in the 8-10 year groups.

It was found that the white children associating with aborigines, and not wearing shoes, were not infested in any instance with hook worm, moreover, among aborigines the degree of infestation with this worm tended to run parallel with home cleanliness, especially as regarding bedding.

Improvements continued to take place in the general sanitary state of the District.

Major works at the Murwillumbah town sewerage, and Rocky Creek water supply continued to progress in 1953 and the water supply came into partial operation in 1954 and was completed in 1955.

In February, 1954, the District suffered one of the worst floods in its history. Great damage was done to structures, and in Lismore alone, some 2,000 homes were affected. Murwillumbah, Kyogle, Casino, Coraki, and Grafton also suffered to a greater or lesser degree. The risk of spread of disease from disorganised services, and more especially putrefying organic matter became a matter of great importance. However, Local Authorities aided by army personnel, with advice from the Health Department, restored the situation promptly and with no increase in morbidity from communicable disease.

Vital Statistics

Below, in tabular form, are summarised the vital statistics for the District.

TABLE 1—VITAL STATISTICS—RICHMOND-TWEED HEALTH DISTRICT, 1953-1957

Category	1953	1954	1955	1956	1957
Estimated Population	119,420	119,574*	120,420	120,690	123,630
Live Births	3,077	3,061	3,030	2,931	3,025
Stillbirths	58	35	50	52	59
Deaths	945	935	913	962	949
Infantile Mortality	58	69	70	57	55
Infantile Mortality Rate†	18.8	22.2	23.1	19.4	18.1

* Census Figure.

† Per 1,000 live births.

Notifiable Diseases

Set out in the table below are summarised figures of notifiable diseases for the period under review.

TABLE 2—NOTIFIABLE DISEASES, 1953-1957, INCLUSIVE

Disease	1953		1954		1955		1956		1957	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acute Anterior Poliomyelitis	20	..	4	..	13	..	9	..	2	..
Ancylostomatsis	47	..	52	..	13	..	1	..	4	..
Ascariasis* .. ..	..	..	21	3	10	1	3	..	9	..
Brucellosis .. ..	..	..	1	..	1	..	1	..	1	..
Diphtheria	20	..	13	..	10	..	3	..	2	..
Infectious Hepatitis* .. ..	..	..	9	..	71	..	63	..	10	..
Leptospirosis	2	..	8	..	2	..	20	..	10	..
Meningococcal Infections	5	..	5	1	8	1	5	..	1	..
Paratyphoid Fever .. ..	..	..	..	..	..	..	1	..	..	..
Typhoid Fever	3	..	1	..	..	..	..	..	..	..
Puerperal Fever .. ..	..	..	1	1	7	..	1	..	..	..
Rheumatic Fever	9	1	5	2	15	2	11	1	2	..
Scarlet Fever	3	..	8	..	9	..	6	..	7	..
Tuberculosis	37	11	26	5	26	4	20	5	34	12
Typhus Fever	5	..	1	..	..	..	2	..	..	..
Virus Encephalitis .. ..	..	..	..	..	..	..	4	..	..	..
Infant Diarrhoea .. ..	..	4†	..	..	14	5	8	..	3	..

* Made notifiable 1954.

† Excess deaths due to failure to notify or late notification.

Acute Anterior Poliomyelitis

During the period under review there were 48 cases of poliomyelitis notified with no deaths. A considerable reduction in morbidity took place after 1956 due to the inauguration of the Poliomyelitis Vaccination Campaign in the same year.

Ancylostomatsis

There were 117 cases of Ancylostomatsis notified with no deaths. During 1953 and 1954 the notifications were high due to a survey being conducted on the incidence of the disease in the District in these years.

Diphtheria

A total of 48 cases of diphtheria were notified with no deaths. Morbidity rates fell, after 1956, due to a publicity campaign on the use of diphtheria prophylactic vaccine which had the desired effect in its greater use.

Infectious Hepatitis

There were 153 cases of infectious hepatitis notified with no deaths. The disease was made notifiable in 1954.

Leptospirosis

There were 42 cases of leptospirosis notified with no deaths.

Typhoid and Paratyphoid Fever

During the period under review four cases of typhoid fever and one case of paratyphoid fever were notified with no deaths.

Puerperal Fever

Nine cases of puerperal fever were notified with one death.

Tuberculosis

During 1953-1957, 143 cases of tuberculosis were notified with 37 deaths.

Activities

Inspections of various public health matters under the Local Government Act were carried out. These inspections and investigation related to Sanitary depots, investigations of garbage removal services, attention to complaints from members of the public and investigation of private and public water supplies. Attention was also given to hygiene of food premises and to the sanitation of tourist resorts and camping areas. There were a considerable number of tourist resorts and camping areas along the coast of this District, and many sanitary problems arising from the influx of campers and temporary visitors required constant attention during the summer periods.

Noxious Trades

An average of 79 Noxious Trades licenses were issued during the period under review.

BROKEN HILL AND DISTRICT—REPORT OF THE MEDICAL OFFICER OF HEALTH, FOR 1953-1957, INCLUSIVE

Staff

Medical Officer of Health : Dr. J. T. Cullen.

General

The area of Broken Hill District comprises 26.150 square miles.

In 1953, a Mass Chest X-ray Survey was carried out by the Commonwealth Department of Health and approximately 500 adults were further X-rayed for abnormalities discovered in the miniature film. Eighty were bacteriologically investigated and five were proven positive. They were referred for treatment.

An Epidemiological Survey was undertaken by the Tuberculosis Division in the same year. X-rays of 213 children found mantoux positive were undertaken.

At the Anti-Tuberculosis Clinic, 244 new cases were investigated. The total number of attendances at the Clinic numbered 523.

Vital Statistics

Vital Statistics for the Broken Hill District are summarised in the table below :—

TABLE 1—VITAL STATISTICS—BROKEN HILL DISTRICT, 1953-1957, INCLUSIVE

Category						1953	1954	1955	1956	1957
Population	..	..	..	..	..	31,080	31,351	32,000	32,170	33,320
Live Births	..	..	..	..	..	864	863	897	840	936
Stillbirths	..	..	..	..	..	12	11	14	19	19
Deaths	..	..	..	..	..	273	253	265	271	268
Infantile Mortality	..	..	..	..	..	24	29	19	22	19
Infantile Mortality Rate*	..	..	..	..	..	27.8	33.6	21.2	26.2	20.2

* Per 1,000 Live Births.

Notifiable Diseases

The table below sets out the diseases notified during the period under review :—

TABLE 2—NOTIFIABLE DISEASES, 1953-1957, INCLUSIVE

Disease	1953		1954		1955		1956		1957	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Tuberculosis	9	4	24	3	12	4	12	2	14	3
Diphtheria	36	..	5	..	4	..	1	..	3	..
Meningococcal Infection	1	..	2	..	2	..	..	..	..	..
Acute Anterior Poliomyelitis	6	..	1	..	..	..	2	..	2	..
Infectious Hepatitis*	..	..	15	..	54	..	2	..	3	..
Chorea Rheumatic	..	..	1	..	..	..	..	..	..	..
Infantile Diarrhoea	..	..	1	1	..	..	1	1	3	1
Puerperal Fever	..	..	1	1	..	..	..	..	..	..
Scarlet Fever	..	..	..	..	1	..	..	..	..	..

* Made notifiable 1954.

Tuberculosis—During the period under review, there were 71 cases of Tuberculosis notified and 16 deaths.

Diphtheria—Forty-nine cases of Diphtheria were notified with no deaths. A mild epidemic of the disease occurred in 1953 during the months of April to September. A mass inoculation campaign was carried out in June and July of the same year, and this appeared to be responsible for the termination of the epidemic.

Infectious Hepatitis—The disease was made notifiable in 1954, and from that year to 1957, there were 74 cases notified with no deaths.

Puerperal Fever—One case of puerperal fever was notified with one death.

SECTION III—STATE HOSPITALS AND HOMES

STRICKLAND CONVALESCENT HOSPITAL, VAUCLUSE—REPORT OF THE MATRON, 1953-1957, INCLUSIVE

Staff

Visiting Emergency Medical Officer : Dr. R. V. Parker.
Matron : Miss H. McGregor, 1953-1954 ; Miss E. E. Sainty, 1955-1957.

General

Accommodation at the end of 1957 consisted of 110 available beds.

At this Institution, patients are admitted from Metropolitan and Country Hospitals, and the Hospital Admissions Depot.

The majority of patients undergo a three-week convalescent period, and on discharge, show a marked gain in weight and general health. A number of patients are admitted in plaster, visiting out-patient departments at the various hospitals where they were originally admitted. Some patients attend also Deep X-ray treatment units. The majority are appreciative of the care and attention they receive, and numerous letters are received expressing gratitude.

General maintenance was carried out by the Public Works Department, and an extensive programme of repairs, including painting of the Hospital, was undertaken in 1955.

Main expenditure is on food as no medicines are provided.

Hospital statistics are given in the table below.

TABLE 1—PATIENTS ADMITTED, PATIENTS DISCHARGED, DEATHS AND DAILY AVERAGES, 1953-1957, INCLUSIVE

Category			1953			1954			1955			1956			1957		
			Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	Total	Male	Fe- male	Total
Patients Admitted	..	..	443	610	1,053	442	603	1,045	376	474	850	413	498	911	395	485	880
Patients Discharged	..	..	445	617	1,062	439	598	1,037	377	494	871	418	486	904	397	499	896
Patients Deceased	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Daily Average	..	..	..	73.5	..	..	68.7	..	..	59.3	..	..	79.4	..	..	7.7	..

LIDCOMBE STATE HOSPITAL AND HOME—REPORT OF THE MEDICAL SUPERINTENDENT FOR THE YEARS 1953-1957, INCLUSIVE

Staff

Medical Superintendent : Dr. G. S. Procopis.

Deputy Medical Superintendent : Vacant, 1953 ; Dr. J. D. Murphy, 1954-1956 ; Dr. G. C. Hughes, 1957.

The Establishment in 1957, was one Senior Medical Officer and five Medical Officers ; a Matron and 64 Nurses ; a Manager and an Assistant Manager ; 87 Female and Male Staff ; and 202 Attendants.

The Honorary Visiting Staff consisted of one Consulting Chest Physician ; two Surgeons ; one Urological Surgeon ; two Ophthalmic Surgeons ; one Dermatologist ; three Orthopaedic Surgeons ; one Ear, Nose and Throat Surgeon ; one Anaesthetist ; one Neuro-Surgeon ; two Clinical Neurologists ; one Psychiatrist ; one Radiologist ; and a Dentist.

General

Accommodation increased from 796 available hospital beds and 520 available home beds in 1953, to 819 available hospital beds and 734 available home beds in 1957.

A considerable amount of major and minor improvements were carried out at the Hospital, by the Public Works Department, during the period under review. The major improvements in 1953 were, new wards, dormitories and kitchens (construction completed in 1956) ; 1954-1956, extensive programme of major repairs and renovations ; 1956, the commencement of a new 60-bed Tuberculosis Ward with a ten-bed annexe to the existing Tuberculosis Ward, erection of a new cottage for a medical officer ; 1957, completion of the new Tuberculosis Ward, and the erection of a further cottage.

In 1953, a Psychiatric Service was provided by the Medical Staff of the Mental Hospital, Parramatta, but subsequently in 1955, the Reception House at Darlinghurst provided this service.

The Neurology Clinic in 1956, began to play a part in post-graduate education, and a number of doctors attended during the year.

In 1957, tenders were called for, for new X-ray equipment.

Activities

In the tables below the activities of the Hospital are set out.

TABLE 1—ACTIVITIES—LIDCOMBE HOSPITAL DURING THE YEARS 1953-1957, INCLUSIVE

Category	1953	1954	1955	1956	1957
X-rays	3,488	3,469	3,364	3,492	3,610
Operations	127	159	137	178	197
Pathological Specimens Examined	4,154	3,833	5,150	5,159	5,460
Electro-cardiograms	245	255	301	295	590
Farm Sales	£1,206	£1,335	£1,017	£1,383	£1,549

TABLE 2—CASES TREATED, CASES DISCHARGED, DEATHS, AND TRANSFERS WITH DAILY AVERAGES, 1953-1957, INCLUSIVE

Category	1953		1954		1955		1956		1957	
	Hospital Section	Home Section	Hospital Section	Home Section	Hospital Section	Home Section	Hospital Section	Home Section	Hospital Section	Home Section
Cases Treated ..	1,993	1,793	2,065	2,012	2,111	2,567	2,122	2,924	2,134	2,897
Discharges ..	562	1,024	521	1,068	533	1,583	527	1,891	509	1,766
Deaths ..	433	12	494	17	527	12	558	12	465	18
Transfers ..	284	302	321	361	333	395	314	449	437	445
Daily Average ..	1,171		1,216		1,297		1,346		1,374	

LIVERPOOL STATE HOSPITAL AND HOME—REPORT OF THE MEDICAL SUPERINTENDENT FOR 1953-1957, INCLUSIVE

Staff

Medical Superintendent : Dr. G. R. O'Brien.
Senior Medical Officer : Dr. B. E. Sharkey.

Establishment : Variously, five Medical Officers to three Medical Officers in 1955 ; one Matron and 63 Nurses ; one Chief Attendant and 32 Attendants ; one Dispenser ; 45 Miscellaneous Staff ; and Clerical Staff.

The Honorary Staff consisted of six Consultants.

It was with deep regret that the Senior Honorary Consultant Surgeon, Dr. J. A. Lawson, died in 1956, after occupying the post for 20 years.

General

A major building programme for the Hospital was abandoned in 1953, as it was proposed to hand over an area of land and certain buildings which were to be incorporated in the new Liverpool District Hospital.

The accommodation available in the Hospital was 290 beds and 446 beds in the Home Section.

Arrangements were made in 1954, to transfer 154 inmates from Liverpool Hospital to Lidcombe Hospital, and a further 267 inmates were further discharged at their own request. Following these transfers and discharges, the Home Section ceased to function, apart from accommodating essential inmate workers numbering 100.

Activities

Below will be found in table form, the admissions, cases treated, discharges, deaths and daily averages for the period under review.

TABLE 1—ADMISSIONS, CASES TREATED, DISCHARGES AND DEATHS WITH DAILY AVERAGES, 1953-1957, INCLUSIVE

Category	1953	1954	1955	1956	1957
Admissions	2,979	2,641	2,465	2,466	2,251
Cases Treated	3,695	3,346	2,840	2,798	2,586
Discharges	2,605	2,524	2,126	2,078	1,897
Deaths	385	447	382	385	379
Daily Average Patients	717	621	354	332	343

NEWINGTON STATE HOSPITAL AND HOME—REPORT OF THE MEDICAL SUPERINTENDENT FOR THE YEARS 1953-1957, INCLUSIVE

Staff

Medical Superintendent : Dr. J. McManamey.

Deputy Medical Superintendent : Dr. L. Sharfstein.

Establishment : A Matron and seventy Nurses ; a Manager ; a Dispenser ; fifty-four Male and Female Staff ; and Clerical Staff.

Honorary Staff : A Neurologist and an Ophthalmic Surgeon. No appointments were made during the period under review.

General

The accommodation at the end of 1957 was 283 available beds.

The table below summarises the statistics for the period under review.

TABLE 1—ADMISSIONS, CASES TREATED, CASES DISCHARGED, DEATHS AND DAILY AVERAGES, 1953-1957, INCLUSIVE

Category	1953		1954		1955		1956		1957	
	Hospital	Home	Hospital	Home	Hospital	Home	Hospital	Home	Hospital	Home
Admissions	101	541	74	565	85	603	72	515	64	499
Total Cases Treated	332	932	314	959	316	977	304	894	293	882
Discharges	29	472	27	527	22	544	31	467	31	427
Deaths	63	66	56	58	52	54	44	44	44	50
Daily Averages	*	407	*	374	*	377	*	391	*	392

* Not available.

RANDWICK AUXILIARY HOSPITAL—REPORT OF THE MEDICAL SUPERINTENDENT, 1953-1957, INCLUSIVE

Staff

Medical Superintendent : Dr. W. B. Fry ; Deputy Medical Superintendent : Dr. A. L. Waddington.

Establishment : The appointment of a Surgical Registrar was made in 1955. In 1957 the staff consisted of a surgical Registrar ; five Medical Officers, one Matron and one sub-Matron ; 105 Sisters and Nurses (female) and twenty-five Nurses (male) ; two Occupational Therapists ; two Physiotherapists ; one Radiographer (and one in training) ; one Microbiologist ; one Dispenser ; and 103 Miscellaneous staff.

The visiting Specialist Staff numbered twenty-two.

General

The accommodation at the end of 1957 was 226 available beds.

A six bed surgical ward was opened in 1956.

Since April 1956, efforts were made to secure permission for autopsies whenever possible and during 1956-1957, 78 were performed.

In 1957 a course in Chest Surgical Nursing was conducted and six candidates were successful in the final examinations.

The activities at Randwick Hospital, during the period under review, included the following, set out in the table below.

TABLE 1—ACTIVITIES RANDWICK HOSPITAL, 1953-1957, INCLUSIVE

Category					1953	1954	1955	1956	1957
X-ray	{	Examinations	..	..	2,878	3,259	3,700	4,449	4,236
		Screenings	..	..	83	100	90	610	507
Pathological Laboratory					*	*	*	*	7,789
Operations—									
Thoracic	..	..	..	..	65	27	18	37	38
Abdominal and General		..	..	..	*	*	*	18	29
Genito Urinary		..	..	..	*	*	*	12	15
Orthopaedic		..	..	..	*	*	*	19	2
Neuro-Surgical		..	..	..	*	*	*	*	1
Minor		..	..	..	789	243	295	285	231
E.N.T.		..	..	..	*	*	*	*	32
Eye		..	..	..	*	*	*	4	3
E.C.T.		..	..	..	*	*	*	*	30
Blood Transfusions		..	..	..	*	*	*	*	88

* Not available.

In addition there were 394 Barium meals during the period under review and 45 unclassified major operations during 1953-1957.

The number of admissions, patients treated, deaths, discharges and daily average number of patients is summarised in the table below.

TABLE 2—ADMISSIONS, CASES TREATED, DEATHS, DISCHARGES AND DAILY AVERAGE NUMBER OF PATIENTS, 1953-1957, INCLUSIVE

Category	1953		1954		1955		1956		1957	
	Hospital	Home	Hospital	Home	Hospital	Home	Hospital	Home	Hospital	Home
Admissions	263	22	277	18	307	16	299	2	301	5
Cases Treated	466	30	536	28	584	27	546	13	498	16
Deaths	43	2	43	..	55	..	81	..	54	..
Discharged	164	20	216	17	282	16	268	2	259	4
Daily Average Patients ..	242	10	287	11	260	11	240	11	202	12

WATERFALL SANATORIUM—REPORT OF THE MEDICAL SUPERINTENDENT FOR THE YEARS 1953-1957, INCLUSIVE

Staff

Medical Superintendent : Dr. N. C. Wright.

Establishment : During the period under review there was a considerable reduction in hospital admissions, due in part to tuberculosis cases being treated at Randwick Hospital and in their homes, in consequence adjustments in staff have been made since 1953. At the end of 1957 there were four Medical Officers, a Matron, 25 Nurses, a Manager and 54 attendants.

The Honorary staff consisted of six consultants in 1957.

General

The accommodation at the end of 1957 was 247 available beds.
The table below summarises the activities of the Hospital.

TABLE 1—ADMISSIONS, CASES TREATED, CASES DISCHARGED, DEATHS AND DAILY AVERAGES, 1953-1957, INCLUSIVE

Category	1953		1954		1955		1956		1957	
	Hospital	Home	Hospital	Home	Hospital	Home	Hospital	Home	Hospital	Home
Admitted	271	417	292	467	300	492	171	341	80	266
Cases Treated	534	507	545	556	553	583	391	431	239	354
Discharged	268	417	276	465	324	493	219	342	161	275
Deaths	13	1	16	..	9	..	13	1	6	..
Daily Average	255	88	251	87	255	87	198	86	113	81

DAVID BERRY HOSPITAL—REPORT OF THE MATRON, 1953-1957, INCLUSIVE

Staff

Matron : Miss A. S. Thompson, 1953 ; Miss P. Macdonald, 1954-1957.

Establishment : One Medical Officer part-time ; one Head Nurse ; six trained Nurses and three Nursing Aids ; with clerical and miscellaneous staff.

General

The number of beds available in 1957 was 60.

Activities

The activities of the Hospital are summarised in the two tables below.

TABLE 1—BIRTHS, OPERATIONS PERFORMED, AND X-RAYS, 1953-1957, INCLUSIVE

Category	1953	1954	1955	1956	1957
Births	15	16	28	28	22
Operations	195	178	177	186	168
X-Rays	633	524	531	495	512

TABLE 2—ADMISSIONS, CASES TREATED, DISCHARGED AND DEATHS WITH DAILY AVERAGE OF PATIENTS, 1953-1957, INCLUSIVE

Category	1953	1954	1955	1956	1957
Admissions	436	355	325	376	315
Cases Treated	443	364	335	388	426
Discharged	414	336	312	361	406
Deaths	21	18	11	16	10
Daily Average of Patients	15.2	12.8	11.1	13.34	13.29

TABLE 1—SUMMARY OF NETT MAINTENANCE COST OF STATE HOSPITALS AND HOMES, AVERAGE DAILY POPULATION AND AVERAGE ANNUAL COST PER PATIENT ON NETT MAINTENANCE COST TO STATE, 1953-1957, INCLUSIVE

Year and Other Details		Randwick	Strickland	Waterfall	Lidcombe	Liverpool	Newington	David Berry	Total
1953—Nett Maintenance Cost	.. ..	198,156	17,668	201,260	262,471	150,074	103,496	22,424	955,552
Average Daily Population	.. ..	215	94	351	1,145	717	415	15	2,952
Average Annual Cost per Patient on Nett Maintenance Cost	.. ..							
to State	.. ..	921	187	573	229	209	249	1,494	323
1954—Nett Maintenance Cost	.. ..	236,395	18,014	212,273	304,263	137,450	91,875	24,278	1,024,550
Average Daily Population	.. ..	275	92	339	1,188	711	402	11	3,018
Average Annual Cost per Patient on Nett Maintenance Cost	.. ..							
to State	.. ..	859	195	626	256	193	228	2,207	339
1955—Nett Maintenance Cost	.. ..	239,377	40,598	230,005	408,007	111,769	106,068	20,680	1,156,508
Average Daily Population	.. ..	273	85	349	1,270	447	383	13	2,820
Average Annual Cost per Patient on Nett Maintenance Cost	.. ..							
to State	.. ..	876	477	659	321	250	276	1,590	410
1956—Nett Maintenance Cost	.. ..	249,923	35,706	219,064	355,257	142,518	116,267	25,044	1,143,782
Average Daily Population	.. ..	255	79	314	1,327	343	383	12	2,713
Average Annual Cost per Patient on Nett Maintenance Cost	.. ..							
to State	.. ..	980	451	697	267	415	303	2,087	421
1957—Nett Maintenance Cost	.. ..	284,176	22,953	206,000	361,793	146,398	153,156	20,948	1,195,426
Average Daily Population	.. ..	214	80	157	1,357	340	387	14	2,549
Average Annual Cost per Patient on Nett Maintenance Cost	.. ..							
to State	.. ..	1,327	286	1,312	266	430	395	1,496	468

LEPER LAZARET—REPORT ON LEPROSY IN NEW SOUTH WALES, 1953-1957, INCLUSIVE

During the period under review four patients were admitted and five readmitted to the Lazaret.
The table below gives the movements of patients, 1953-1957.

TABLE 1—ADMISSIONS AND DISCHARGES WITH NATIONALITY, LEPER LAZARET, 1953-1957, INCLUSIVE

Year	Remaining in at Beginning of Year	Admitted	Discharged	Repatriated	Died
1953	17	1 M (i)	12	..	..
1954	6	2 A (i)	1	..	3§
1955	6	I (i)	4	..	1*
		2 †			
		C (i)			
1956	4	AB (i)	..	..	..
		2 †			
		A (i)			
1957	6	M (i)	..	..	..
		2 †			
		A (2)			

* Admitted Mental Hospital Morisset 1953, died in hospital 1955.
† One Readmittance.
‡ Both Readmittances.
§ Two died outside the Lazaret.
A—Australian.
C—Cypriot.
M—Maltese.
I—Indonesian.
AB—Aborigine.

TABLE 2—MAINTENANCE COSTS OF LEPER LAZARET, 1953-1957, INCLUSIVE

	1953	1954	1955	1956	1957
	£	£	£	£	£
Salaries	9,230	6,716	5,401	5,053	4,809
Provisions	3,941	2,107	1,744	1,565	1,747
Tobacco and Comforts	401	115	78	85	91
Clothing	783	349	298	254	433
Fuel and Light	578	411	413	446	421
Drugs, Dressings, etc.	125	53	42	42	35
Miscellaneous	1,101	1,102	1,079	1,781	2,760
Total	£16,159	£10,853	£9,055	£9,226	£10,296

SECTION IV
Pathological Laboratory

REPORT OF THE DIRECTOR FOR THE YEARS 1953-1957, INCLUSIVE

Staff

Director : Dr. E. L. Morgan, 1953 ; Dr. F. W. Fraser, 1954-1957.

Deputy Director : Dr. S. G. Mallarky.

The Establishment in 1957, consisted of 4 Medical Officers ; 1 Senior Microbiologist ; 14 Microbiologists ; 6 Laboratory Assistants ; 5 Laboratory Assistants in training ; 10 Laboratory Attendants ; and clerical staff.

General

The chief activities of this Division are carried out at the main Laboratory at 93 Macquarie Street, Sydney, and are designed to provide as wide a scope of Public Health Pathology service as possible (as indicated in details below) as well as to undertake examinations for appropriate medical practitioners, clinics, public hospitals, State homes, hospitals, sanatoria, Mental Hospitals and other Government Departments, organisations and institutions. Branch Laboratories at Waterfall Sanatorium, Randwick Auxiliary Hospital, Lidcombe State Hospital and Home and Broughton Hall Psychiatric Clinic are staffed from the personnel of this Division.

Activities

Number of examinations—During the period under review, a total of 736,334 examinations were carried out and these are detailed in the table below. In addition, 2,233 rats and other rodents were examined for plague and destroyed. Of these, 660 were *R. rattus* ; 1,525 *R. norvegicus* ; and 48 other varieties of rodent.

During 1953, the Rh determination was commenced, as were antibiotic sensitivity tests. During the same year, the establishment of the Milk Board, with its own Research Laboratory, caused a substantial fall in the number of cultural examinations. Owing to a report of faecal contamination of imported dried coconut, 500 specimens were investigated, with particular reference to faecal and Salmowella content. Also, in 1953, a greater number of specimens were examined for typhoid and a number of carriers was discovered.

In 1955, in co-operation with the Division of Maternal and Baby Welfare and the Fairfax Institute, the Laboratory began investigating Staphylococcal infections in maternity hospitals.

In 1956, the practice of routine culture (or where thought desirable, animal inoculation) of sputum for tuberculosis was instituted. This resulted in 958 such tests being made. Mention was made, in 1956, that 20-30 per cent of samples of raw (Pooled) milk contained Brucella abortus. During the year, 5,551 antibiotic sensitivity tests were carried out, an increase of 56 per cent over the 1955 figure. A team from the Laboratory visited the northern parts of the State to carry out investigations into hookworm and ascaris infection.

During 1957 a further 4,422 cultures were examined for sensitivity to antibiotics. In this year, also, 165 animals were inoculated and 607 cultures made in tuberculosis investigations.

TABLE 1—ROUTINE EXAMINATIONS MADE FOR GOVERNMENT DEPARTMENTS, HOSPITALS AND PRACTITIONERS, 1953-1957, INCLUSIVE

Examination on Behalf of—	1953	1954	1955	1956	1957
Department of Public Health	35,555	34,737	41,808	43,977	39,714
Rachel Forster Hospital	3,803	3,000	3,043	2,602	1,934
Commonwealth Government	2,334	2,226	2,856	2,444	1,528
State Departments	3,857	5,803	7,890	6,655	6,359
Private Practitioners	23,756	31,620	34,387	36,845	34,785
Public Hospitals and Institutions (other than State Hospitals)	32,871	44,560	52,687	62,069	68,620
Mental Hospitals	13,138	14,235	11,942	10,763	9,117
Darlinghurst Reception House .. ..	..	..	137	64	17
Municipal and Shire Councils	491	649	480	443	536
Total	115,805	136,830	155,230	165,859	162,610

A further brief sub-division of the work is detailed below for the period under review.

Diphtheria—During 1953-1957, a total of 5,674 swabbings, for diphtheria, were examined, while 348 toxicity tests were carried out.

Typhoid and Paratyphoid—The number of Widal tests carried out numbered 3,284, of which 1,281 were investigated in 1953. Suspect typhoid urine and faeces examined totalled 10,855, while cultures numbered 4,641.

Typhus—A total of 1,004 Weil-Felix examinations were made.

Tuberculosis—Smears examined numbered 7,319, while 1,729 cultures and G.P.I. were carried out.

Gonorrhoea and Syphilis—Smears, urines and complement Deviation Tests for gonorrhoea amounted to 21,947, while quantitative Wassermann tests, Wassermann, Kahn, Scarlet Red and Meinicke's Clarification Tests together with examinations for spirochaeta (dark ground) totalled 209,816.

Malaria—Forty-one slides were examined for Malaria.

Antibiotic Sensitivity—These tests numbered 15,904.

Full and Differential Blood Counts and Rh Factor—Blood counts amounted to 18,353, while the number of bloods examined for Rh factor came to 2,396.

Histo-Pathology—Tests on human tissue amounted to 219,436.

Medico-Legal Examinations—These numbered 14,867.

